



This Scanning Electron Micrograph (7000X) is the first 3-dimensional view of a cell in an ulcerated duodenum. The center is completely denuded, surrounded by fairly well-preserved microvilli. This SEM photomicrograph was taken from a scientific exhibit which won the Hull Award as the "best exhibit on original research or instruction on a medical subject" at the A.M.A. Clinical Convention, November 26-29, 1972, in Cincinnati, Ohio.

## The Tireless Man

### whose duodenal ulcer needs a rest

Up early, home late, often with a scratch pad filled with notes, figures, plans. A few hours' sleep and then another long day. This is often the routine of the tireless hard driver, one-man committee with enough overwork and stress to wear out several men. But his duodenal ulcer may warn him with sharp discomfort that he had better ease up, let some things go, and give himself—and his ulcer—a rest.

### The need to reduce G.I. hypermotility and hypersecretion

Overwork together with overanxiety are often principal factors in exacerbating a duodenal ulcer. To help reduce the increased gastric secretions and hypermotility, therapy may need to include treatment for associated undue anxiety—which is where dual-action Librax can be highly useful.

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**Indications:** Symptomatic relief of hypersecretion, hypermotility and anxiety associated with states associated with organic or functional gastrointestinal disorders and as adjunctive therapy in the management of peptic ulcer, gastritis, duodenitis, irritable bowel syndrome, spastic colitis, and mild ulcerative colitis.

**Contraindications:** Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide hydrochloride and/or clidinium Br.

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, dependence on Librium (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase doses, withdrawal symptoms (including convulsions) following discontinuation of the drug and allusion to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards. As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

**Precautions:** In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, drowsiness, confusion (not more than two capsules per day initially, increasing gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropic agents indicated, carefully consider individual pharmacologic effects, particularly in use of potentially drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Various effects on blood coagulation have been reported, very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

**Adverse Reactions:** No side effects or manifestations not seen with other compound alone have been reported with Librax. Ataxia and confusion may occur, especially in the elderly.



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and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin rashes, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido, all of which tend generally to be controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally with chlordiazepoxide hydrochloride, making periodic blood counts and liver function tests advisable during prolonged therapy. Adverse effects reported with Librax are typical of anticholinergic agents, i.e., dryness of mouth, blurring of vision, urinary hesitancy and constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

# Medical Tribune

and Medical News

Vol. 14, No. 37

world news of medicine and its practice—fast, accurate, complete

Wednesday, October 3, 1973

## Tropical Diseases on Upturn In N. America, Experts Warn

Medical Tribune Report

NEW YORK—Two radiologists with extensive firsthand knowledge of tropical diseases warned here that such disorders are now turning up with increased frequency in North America.

Urging U.S. clinicians to become more familiar with the symptoms of these "unwanted immigrants," Drs. W. Peter Cockshot, of Canada's McMaster University, and Mauricio M. Reeder, of Walter Reed Army Medical Center, pointed out that rapid transportation and population mobility have breached old geographic barriers.

The fact that some of these diseases simulate more common ailments often leads to misdiagnoses, the specialists told a Medical X-Ray Forum sponsored by the American College of Radiology and Eastman Kodak Company.

"In perplexing clinical problems, history of recent travel or a stay out of the country are important aspects of case history taking for practitioners," said Dr. Cockshot, whose experience includes 11 years at hospitals and universities in Nigeria.

He noted that most of the exotic diseases seen in immigrants or returning visitors—especially diseases of the classic "tropical" type—are best detected by a combination of blood studies and examination of stool and urine to supplement physical examination and chest x-ray.

A radiologic approach to diagnosis is thus not usually primary, but Dr. Cockshot stressed that it can take on "vital importance" if patients are seen in a later stage of certain diseases.

"There are many disorders where the laboratory findings may be negative. *Continued on page 4*



Radiograph of a Puerto Rican patient, living in New York, with Schistosomiasis mansoni. The rectosigmoid colon exhibits rigidity, narrowing, and shortening.

### INSIDE THIS ISSUE

- There's a police officer in the waiting room, pg. 5.
- Exclusive interview with biophysicist Efraim Kafzir, President of Israel, pg. 9.
- World-wide increase in respiratory ailments forecast ..... pg. 21.
- SPORTS: Prompt surgery urged for tears in thumb ligament, pg. 31.

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## Edwards Given Powers to Act As Health Chief

Medical Tribune Report

WASHINGTON—The Department of Health, Education, and Welfare has quietly consolidated control of policy and planning of all its health care operations under Dr. Charles C. Edwards, the Assistant Secretary for Health—making him the Administration's de facto "health czar."

Although Dr. Edwards' title suggests the authority and responsibility he now in fact has, his office did not previously possess such significant influence over HEW's enormous and nebulous health care divisions.

Despite an organization that includes coequal assistant secretaries for planning and evaluation and for legislation, much of the health care planning will now be directed from Dr. Edwards' office, and health care planning and policy of the other HEW divisions, including the Social Security Administration (Medicare) and the Social and Rehabilitation Service (Medicaid), will have to be channeled through and approved by Dr. Edwards.

The move, which was ordered by HEW Secretary Casper W. Weinberger—one of President Nixon's most trusted administrators—gives Dr. Edwards, in addition to control of HEW's health policies, the power to initiate and, if necessary, to veto, health policy decisions.

Dr. Edwards, as the Administration's health chief, is now developing a cohesive National Health Strategy and trying to organize the Federal health care system into a relatively unified, viable force. The aim is to exert more influence on the health care delivery industry, to obtain more service for each Federal health care dollar spent, to spend fewer dollars while improving the quality of health care in general, and to bring the lumbering HEW health care giant under more effective control in anticipation of the upheaval that the coming of National Health Insurance may bring—and of the demand for services that this is likely to create.

Dr. Edwards had earlier complained that *Continued on page 4*

## Doctors' Wives Are Moving To Assert Separate Identity

Medical Tribune Report

The rising feminine consciousness has created some rebels among doctors' wives. Are they women's libbers? Yes and no.

"I suppose, in the purest sense, I am a feminist," says one, "but I don't fall into the current group of activists, who seem to be upset over their initial sex determination."

Instead, these women feel that their personal fulfillment, as well as the very survival of their marriages, may not depend on a full-fledged career but does entail a change in the way they see themselves—no longer basking in the reflected glory of their husbands' positions.

"The M.D. begins to look down on the woman who stands there waiting with the slippers and refreshments at the door," says the wife of an ophthalmologist. "It's really sad that an intelligent woman who has all this ability and is trying to be a helpmate ends up with her husband not respecting her."

"M.D.s associate with other M.D.s at the hospital, with intelligent people. Then they come home and hear how the refrigerator broke, hear all the household



trivia. Eventually, they may come to think they've married a blithering idiot."

Even if the marriage can hobble along under such circumstances, the unfilled wife suffers. And doctors' wives see the *Continued on page 20*

## WIN AN ORIGINAL DALI PRINT

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## MDs Advised to Accept Use Of Anabolic Steroids in Sports

Medical Tribune World Service

HAMILTON, NEW ZEALAND—The use of anabolic steroids by certain types of athlete to build weight and muscle is a fact of life, and the medical profession should accept it realistically, in the opinion of a British physician.

The role of the doctor should be to attempt to persuade those using steroids to take them in dosages that are unlikely to cause harm, according to Dr. John G. P. Williams, medical director of Farnham Park Rehabilitation Center and a consultant in physical medicine at Mount Vernon Hospital.

Dr. Williams, who was speaking at the biennial conference of the New Zealand Federation of Sports Medicine here, said that a number of controlled studies have shown that anabolic steroids can be used constructively and relatively safely.

Later, in a MEDICAL TRIBUNE interview, he explained that he does not encourage patients to take steroids, "but when an athlete patient tells me he is going to take

steroids, and he is determined to do it, I ask him to do it under my supervision."

"I prescribe a relatively low dosage and follow through to check results and watch for any side effects. If athletes are going to take such drugs, we may as well have it done under conditions where we can learn something about their effects."

The prescription is given only after a medical examination, and Dr. Williams requires regular medical checks during treatment.

Medical Tribune World Service

AUCKLAND, NEW ZEALAND—A leading official of the New Zealand Federation of Sports Medicine, Dr. Warwick M. Smeeton of this city, said he was "appalled" at Dr. John G. P. Williams' defense of the prescription of anabolic steroids to athletes.

"We cannot accept his line of reasoning," he said. "The drugs are banned by the Olympic and Commonwealth Games bodies and rightly so."

## Hospital for the Jet Set



The Instituto Médico Costa del Sol recently opened on Spain's sunny coast. Known as Incosol, it is a combination luxury resort and health care center for the patient who wants both at once.

## Diabetic Impotence Unrelated to Treatment

Medical Tribune World Service

BRUSSELS—Diabetic impotence seems to occur regardless of the duration or mode of treatment, whether with insulin or with oral agents, Dr. D. M. Barnett, of the

### Canadian GPs Increase

MONTRÉAL—Canada's Medicare system has had one notable result—three of four medical school graduates are going into general practice. "The fundamental reason is the great financial attractiveness of general practice," said Dr. Jacques Genest, director of Montreal's Clinical Research Institute.

Joslin Clinic, Boston, said here at the eighth Diabetes Congress.

In a study of sexual function in 175 male outpatients, he and associates found that 85 (49 per cent) were impotent, while four others suffered premature ejaculation and two retrograde ejaculation.

There appeared to be some correlation with age and duration of disease, Dr. Barnett reported, the impotent patients showing a mean age of 53 with duration of disease six years. Patients who retained potency were younger (mean 45) and had been diabetic for about five years. Peripheral neuropathy was more common in the impotent group.

The investigators, Drs. I. Faerman, L. Glocer, D. Fox, M. N. Jadzinsky, and M. Rapaport, reported that four of the five diabetics (mean age 53, mean duration of disease seven years) exhibited morphologic changes in the fibers comparable with those previously described in diabetic bladder nerves. No signs of penile nerve defects were found in the five control diabetics.

## news index

CLINICAL NEWS NOTE: "In perplexing clinical problems, a history of recent travel or a stay out of the country are important aspects of case history taking for practitioners." (Dr. W. Peter Cockshott, in page 1.)

### Medicine: pgs. 1, 2, 5, 9, 16, 17, 21, 25, 29

Limited genetic information regarding diabetes makes it difficult to offer genetic counseling or to attempt eugenic measures . . . .

Tuberculosis program in Texas provides services to residents of 254 counties covering 275,416 square miles . . . .

Diabetes studies of East and West show striking differences in incidence and complications of diabetes . . . .

Respiratory virus increase is forecast in people and animals throughout the world in the next 30-40 years . . . .

Food contamination is causing increasing concern in Japan, where food poisoning has risen recently . . . .

### Ob/Gyn: pgs. 2, 17

"Managed childbirth" using oxytocin is recommended for wider use by the physician who perfected the technique . . . .

### Psychiatry

Telephone distress calls should be handled by a physician, preferably a psychiatrist, according to a suggestion by a Warsaw physician . . . .

### Research: pgs. 5, 8, 31

Cancer cell growth may be cut by phenylalanine ammonia-lyase, which destroys an essential amino acid in the blood that cancer cells cannot live without . . . .

Responsiveness of rats to certain centrally acting drugs has been found to increase with age . . . .

### Surgery

Prompt surgery is recommended for injury to the ulnar collateral ligament of the metacarpophalangeal joint of the thumb, a frequent occurrence in sports . . . .

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### Special Ambulances Tried

Medical Tribune World Service

UTRECHT, THE NETHERLANDS—Expensive special ambulances to handle emergency cardiac cases have been found to give little or no benefit here.

During a 30-month trial period about 650 "acute" cases were handled, divided about equally between the special service and ordinary ambulances. A review has indicated no difference in mortality.

The special ambulances cost twice as much as ordinary ambulances.

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## Tropical Diseases on Upturn In N. America, Experts Warn

Continued from page 1

Itally because the lesion is deep-seated and can only be displayed by radiologic or nuclear medicine methods," he said.

Dr. Cockshott also pointed out that complete laboratory studies are sometimes not undertaken because the physician does not suspect the presence of an "immigrant" disease.

### Term Is a Misnomer

Both radiologists commented that the term "tropical disease" is a misnomer. It is applied to a number of disorders once common in temperate climates, they explained, and can best be understood as just a label for conditions not now endemic to North America.

Speaking in tandem, Drs. Cockshott and Reeder discussed nearly two dozen exotic diseases but gave special emphasis to the following entities:

- **Amebiasis**—probably the number-one parasitic disease of our society, according to Dr. Reeder. Radiologic studies can be of "considerable help" in diagnosis of the chronic form since it is usually characterized by presence of colon spasm, con-

### High Competence of MD Considered a Risk Factor For Malpractice Claims

Continued from page 1

As to procedures giving rise to malpractice claims, the data showed that 57 per cent arose out of surgical procedure.

In 1970, the commission found, there was one malpractice incident out of every 158,000 patient-visits to doctors. A claim was made, however, only once in every 226,000 such visits.

Other findings:

- Less than one court trial was held for every 10 claims closed in 1970.
- Most doctors have never had a medical malpractice suit filed against them, and those who have have rarely been sued more than once.
- In 1970, 6.5 medical malpractice claim files were opened for every 100 active practitioners.
- Most hospitals, no matter how large, go through an entire year without having a single claim filed against them.
- If the average person lives 70 years, he will have, on the basis of 1970 data, approximately 400 contacts as a patient with physicians and dentists. The chances that he will assert a medical malpractice claim are one in 39,500.

Dr. Trout spoke at the Cleveland Clinic at a symposium on "Implementation of the Recommendations of the Secretary's Commission on Malpractice."

shaped cecum, ulcers, so-called apple-core constriction of colon, and abscesses of liver or lung. Patients have been misdiagnosed as having Crohn's disease, ulcerative colitis, cancer.

• **Schistosomiasis**—200,000,000 people around the world are afflicted with some type, and Schistosomiasis mansoni is estimated to be present in one of 10 Puerto Ricans now living in New York City. The radiologist sees changes in intestinal mucosa, spasms, fibrosis, narrowing of the bowel. The long period—sometimes years—between infestation and manifestation of disease can lead to delayed or wrong diagnosis unless clinicians are aware of a patient's background, Dr. Reeder said. Symptoms are occasionally mistaken for those of Crohn's disease or duodenal ulcer.

• **Chagas' disease**—associated chiefly with South and Central America, particularly eastern Brazil, but cases have occurred in Mexico and Texas. In the chronic stage—reached 10 to 20 years after being bitten by the bug—patients develop massive dilation of colon with retention of feces, enormous hearts, dilated outpouching of heart chambers, achalasia of the esophagus.

Dr. Cockshott pointed out that the disease may be contracted by members of the Peace Corps or other volunteers who work and live in poverty-stricken areas of South and Central America. Dr. Reeder reported a case seen in Washington, where the typical symptoms of the chronic stage were eventually recognized in an employee of the Brazilian Embassy.

• **Giardiasis**—like amebiasis, picked up by travelers or servicemen and brought in by people emigrating to this country. Examination of stools usually permits quick diagnosis. Dr. Reeder said, but x-ray studies will demonstrate the characteristic ulceration and spasm of the proximal portion of the small bowel with normal findings in the distal portion.

• **Ascaris**—by no means strictly an "immigrant" disease but may occasionally be difficult to detect unless the examining physician is suspicious. Dr. Reeder calls it a "not uncommon cause" of bronchial pneumonia in some areas of the country.

• **Meloidoisis**—virtually unknown to U.S. physicians until servicemen in Vietnam began showing up with a disease marked by small abscesses in lungs, brain, liver, and other organs. Investigation revealed that the disorder (caused by *Pseudomonas pseudomallei*) is prevalent in subtropical form in the native population, Dr. Reeder said. Patients may not manifest overt symptoms for two to three years after exposure, and the combination of pneumonia and lung cavitation has led to the misdiagnosis of tuberculosis in some cases.

"GALVESTON—Slap a wet towel over a man's face and his heart will slow down, a cause-effect relationship called dive reflex."

—News release from the University of Texas Medical Branch.

There's another kind of dive reflex,

and we recommend that you use that

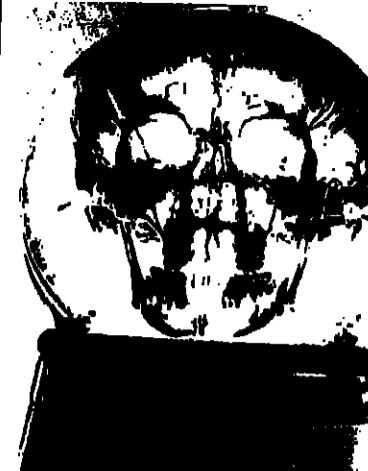
one right after you slap the wet towel

over the guy's face.

(Regular beat: *Immaterna Medica*, page 31.)

(SEE PRECEDING PAGE FOR SWEEPSTAKES DETAILS)

### Pittsburgh Gets Skull



One of three existing Spalteholz Skulls has been donated to the University of Pittsburgh School of Dental Medicine by Dr. Lewis Eiter. The translucent quality of the skull was achieved through a special bone-boring process developed by the renowned German anatomist, Prof. Werner Spalteholz.

### Hospital Unit Gauges Function of Pacers In Nearby Patients

Medical Tribune Report

ALBANY, N.Y.—Albany Medical Center Hospital has established a clinic to electronically monitor the functioning of cardiac pacemakers implanted in some 400 men and women in the area.

Dr. Jack Han, Professor of Medicine at the Albany Medical College and director of electrocardiography at the Albany Medical Center Hospital, said the new clinic assists physicians in the care of these patients by doing regular follow-up examinations and predicting the impending failure of battery-powered pacers.

Dr. Han said the rate of success in predicting impending failure is about 90 per cent and that the regular follow-up provides will allow patients to be hospitalized for the replacement of pacemakers on an elective instead of an emergency basis.

On the other hand, SSA and SRS have the authority to carry out their own assignments at their own initiative, but such activities, wherever they involve a significant change or impact on such things as certification of facilities, peer review, utilization review, etc., must be concurred in by the Assistant Secretary for Health.

Among the obstacles that Dr. Edwards faces in running the Government's health affairs are the Washington bureaucracy and the rumored impending resignation of Mr. Weinberger to run for public office in California—a rumor that Mr. Weinberger no longer directly denies.

Another rumor circulating here is that Dr. Edwards will himself resign to become the American Medical Association's executive vice-president. Reliable sources discount this whispering, however, pointing out that he now has the most important health affairs post in the nation and has just begun to make his impact felt.

—News release from the University of Texas Medical Branch.

There's another kind of dive reflex,

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(Regular beat: *Immaterna Medica*, page 31.)

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a new type of antibacterial  
for a two-pronged attack  
against chronic urinary  
tract infections due to  
susceptible organisms

Bactrim is highly effective in the treatment of these infections — primarily pyelonephritis, pyelitis and cystitis — when due to susceptible organisms. This efficacy is related to the unique mode of action against bacteria (see illustration), an action that, in effect, makes Bactrim a new type of antibacterial.

### Bactrim interrupts the life cycle of susceptible bacteria

*Unique mode of action interrupts the life cycle at two important points, thereby impeding the production of nucleic acids and proteins essential to these bacteria. These consecutive interruptions occur because sulfamethoxazole and trimethoprim resemble naturally existing substrates. By competitive replacement of these substrates, they inhibit further synthesis.*

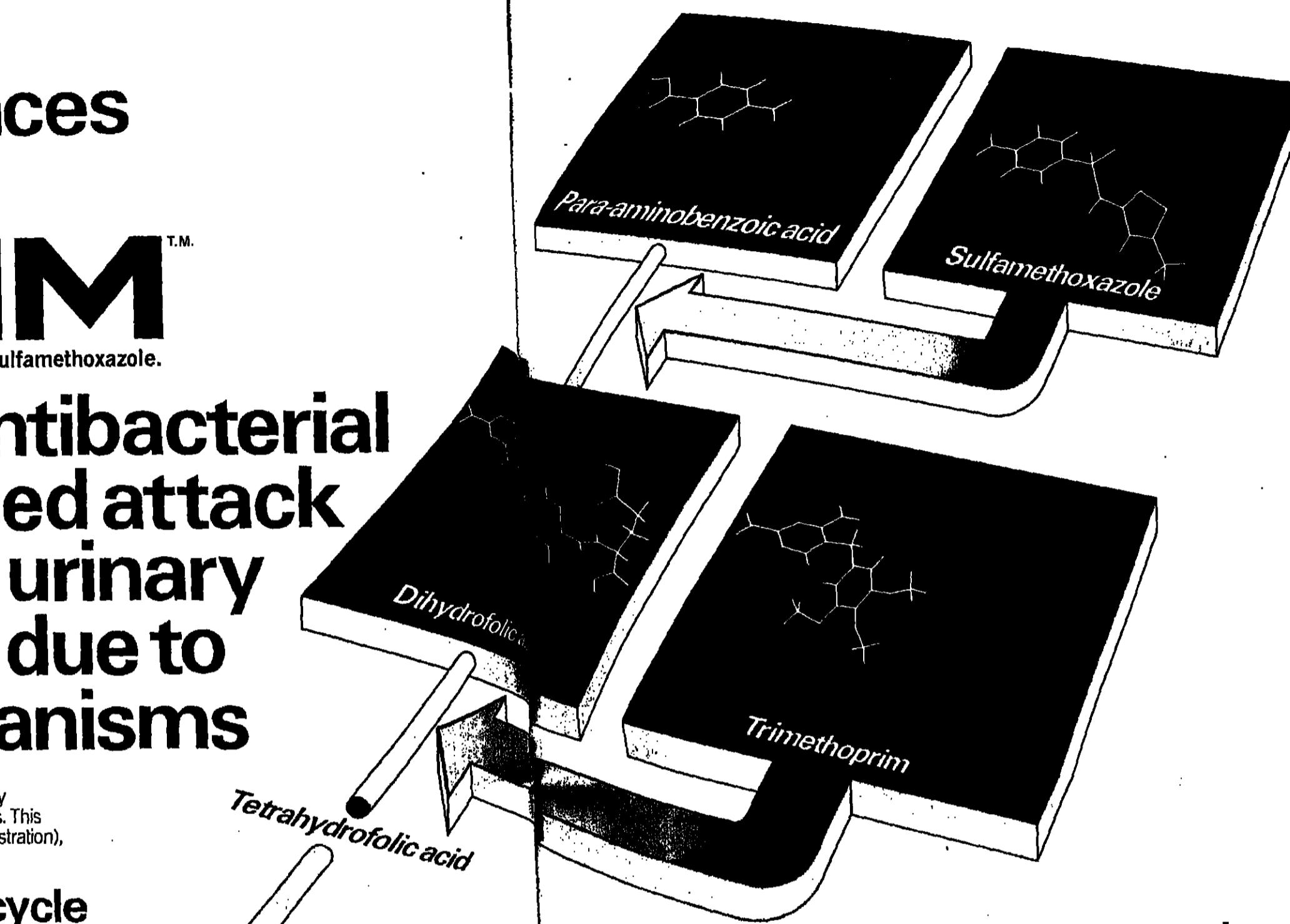
### Prescribing considerations

**Clinical Limitations:** Currently, the increasing frequency of resistant organisms is a limitation of the usefulness of all antibacterial agents, especially in the treatment of chronic and recurrent urinary tract infections. Not recommended for children under twelve.

**Contraindications:** Hypersensitivity to trimethoprim or sulfonamides. Pregnancy and during the nursing period.

**Warnings and Precautions:** Both sulfamethoxazole and trimethoprim have been reported to interfere with hematopoiesis. Complete blood counts should be done frequently. If a significant reduction in the count of any formed blood element is noted, Bactrim should be discontinued. Bactrim should be given with caution to patients with impaired renal or hepatic function, possible folate deficiency, severe allergy or bronchial asthma. Maintain adequate fluid intake. Urinalyses with careful microscopic examination and renal function tests should be performed during therapy, particularly for those patients with impaired renal function.

**Adverse Effects:** Among the most common side effects are nausea, vomiting, rash, leukopenia and elevations in SGOT and creatinine.



### Excellent clinical response in chronic urinary tract infections even with obstructive complications

A multiclinic, double-blind study\* of response to a ten-day course of therapy in 471<sup>t</sup> patients with chronic urinary tract infections demonstrated the superiority of Bactrim. On the 10th day after initiation of therapy, 91.7% (of 168 patients) showed significant

bacteriological response to Bactrim, compared with 81.2% (of 144 patients) to trimethoprim and 64.5% (of 155 patients) to sulfamethoxazole. More than half of these patients had obstructive complications.

### Excellent response maintained

Bactrim proved equally impressive in maintaining this bacteriological response. In the above study, after a ten-day course of therapy with Bactrim, 68.4% of patients with chronic urinary tract infections maintained response for up to 42 consecutive days, compared with

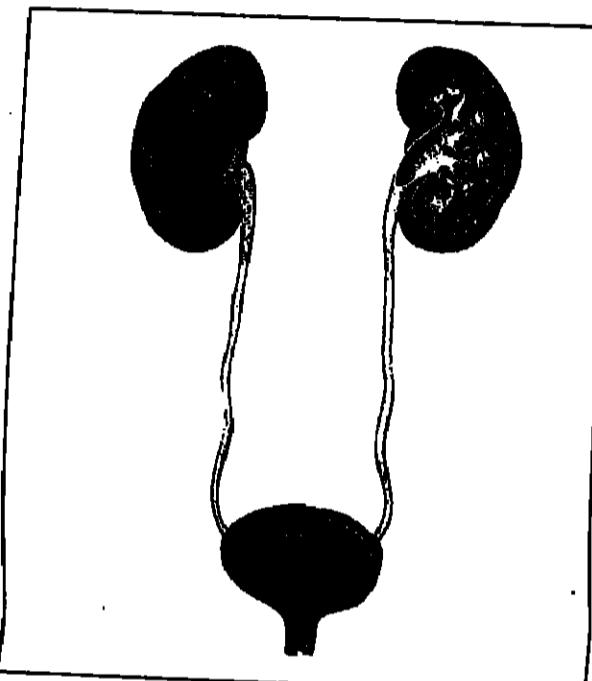
59.7% with trimethoprim and 44.4% with sulfamethoxazole. These results are particularly noteworthy considering the number of patients with obstructive complications — cases regarded as being notoriously difficult to treat.

\*Data on file, Hoffmann-La Roche Inc., Nutley, N.J. 07110  
<sup>t</sup>4 patients not available for evaluation at day 10.

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- B.I.D. dosage
- Usual therapy: 10-14 days
- Excellent response in chronic urinary tract infections, primarily pyelonephritis, pyelitis and cystitis, due to susceptible organisms
- Impressive response in cases with urinary obstruction

#### Complete Product Information:

**Description:** Bactrim is a synthetic antibacterial combination product, available in scored light-green tablets, each containing 80 mg trimethoprim and 400 mg sulfamethoxazole.

Trimethoprim is 2,4-diamino-5-(3,4,5-trimethoxybenzyl) pyrimidine. It is a white to light yellow, odorless, bitter compound with a molecular weight of 290.3.

Sulfamethoxazole is *N'*-(5-methyl-3-isoxazolyl) sulfanilamide. It is an almost white in color, odorless, tasteless compound with a molecular weight of 253.28.

**Actions:** *Microbiology:* Sulfamethoxazole inhibits bacterial synthesis of dihydrofolic acid by competing with para-aminobenzoic acid. Trimethoprim blocks the production of tetrahydrofolic acid from dihydrofolic acid by binding to and reversibly inhibiting the required enzyme, dihydrofolate reductase. Thus, Bactrim blocks two consecutive steps in the biosynthesis of nucleic acids and proteins essential to many bacteria.

**Adverse Reactions:** For completeness, all major reactions to sulfonamides and to trimethoprim are included below, even though they may not have been reported with Bactrim.

**Blood dyscrasias:** Agranulocytosis, aplastic anemia, megaloblastic anemia, thrombopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia.

**Allergic reactions:** Erythema multiforme, Stevens-Johnson syndrome, generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritis, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis.

**Gastrointestinal reactions:** Glossitis, stomatitis, nausea, emesis, abdominal pains, hepatitis, diarrhea and pancreatitis.

**C.N.S. reactions:** Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness and nervousness.

**Miscellaneous reactions:** Drug fever, chills, and toxic nephrosis with oliguria and anuria. Perarteritis nodosa and L.E. phenomenon have occurred.

The sulfonamides bear certain chemical similarities to some goitrogens, diuretics (acetazolamide and the thiazides) and oral hypoglycemic agents. Goiter production, diuresis and hypoglycemia have occurred rarely in patients receiving sulfonamides. Cross-sensitivity may exist with these agents. Rats appear to be especially susceptible to the goitrogenic effects of sulfonamides, and long-term administration has produced thyroid malignancies in the species.

**Dosage and Administration:** Not recommended for use in children under 12 years of age.

The usual adult dosage is two tablets every 12 hours for 10 to 14 days.

For patients with renal impairment:

Creatinine Clearance (ml/min)	Recommended Dosage Regimen
Above 30	Usual standard regimen
15-30	2 tablets every 24 hours
Below 15	Use not recommended

**How Supplied:** Tablets, containing 80 mg trimethoprim and 400 mg sulfamethoxazole—bottles of 100 and 500; Tel-Dose® packages of 1000; Prescription Paks of 40, available singly and in trays of 10. Imprint on tablets: ROCHE 50.

**Reproduction Studies:** In rats, doses of 533 mg/kg sulfamethoxazole or 200 mg/kg trimethoprim produced teratological effects manifested mainly as cleft palates.

The highest dose which did not cause cleft palates in rats was 512 mg/kg sulfamethoxazole or 192 mg/kg trimethoprim when administered separately. In two studies in rats, no teratology was observed when 512 mg/kg of sulfamethoxazole was used in combination with 128 mg/kg of trimethoprim. However, in one study, cleft palates were observed in one litter out of 9 when 355 mg/kg of sulfamethoxazole was used in combination with 88 mg/kg of trimethoprim.

In rabbits, trimethoprim administered by intubation from day 8 to 16 of pregnancy at dosages up to 500 mg/kg resulted in higher incidences of dead and resorbed fetuses, particularly at 500 mg/kg. However, there were no significant drug-related teratological effects.

**Important note.** Currently, the increasing frequency of resistant organisms is a limitation of the usefulness of all antibacterial agents, especially in the treatment of chronic and recurrent urinary tract infections.

**Contraindications:** Hypersensitivity to trimethoprim or sulfonamides. Pregnancy and during the nursing period (see Reproduction Studies).

**Warnings:** Deaths associated with the administration of sulfonamides have been reported from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias. Experience with trimethoprim alone is much more limited, but it has been reported to interfere with hematopoiesis in occasional patients. In elderly patients concurrently receiving certain diuretics, primarily thiazides, an increased incidence of thrombopenia with purpura has been reported.

The presence of clinical signs such as sore throat,

## BACTRIM™

Each tablet contains 80 mg trimethoprim and 400 mg sulfamethoxazole.

for chronic urinary tract infections

ROCHE  
Roche Laboratories  
Division of Hoffmann-La Roche Inc.  
Nutley, N.J. 07110

## Israel's President Sees His Nation as a Social Laboratory

The text of an interview with the President of Israel, Efraim Katzir, by Dr. Arthur M. Sackler, International Publisher of MEDICAL TRIBUNE, follows. President Katzir, a famous biophysicist and a member of the U.S. National Academy of Sciences, demonstrated the antibacterial activity of the polyamino acids in his scientific work.



PRESIDENT KATZIR

I think they are stronger than political and economic power and, above all, I think they are more in keeping with Jewish history.

Q. As a biophysicist, you speak of spiritual values?

A. Yes, indeed. I feel strongly about these. I don't want to sound unduly proud, but do not all scientists need the lessons of law and morals? Must not science know how and when to use the tools it makes possible? It is important that the scientist consider his responsibility about how the knowledge that science reveals is used.

Q. I have heard it said that most technologic developments in the history of man have been based on, advanced by, or made possible by wars.

A. I don't agree. I served for three years as adviser to the Ministry of Defense. Very few basic discoveries have been initiated by war. Basic principles of science are discovered during peacetime. They are discovered not in enormous operations but by individuals or by small groups. The application and use of the basic principles of science may take place. Basic principles are not really advanced by wars. This was as true for the atomic bomb as it was for radar.

Q. Is this true for all science?

A. No. On the other hand, when one comes to applied research, I think it must be carefully planned.

Q. Would you care to comment on either the hydrogen or atomic bomb?

A. Well, as Jews we feel very sensitive about the Atomic Age because so many of our people made it possible. Einstein, a Jew from Germany; Leo Szilard from Hungary; Lise Meitner from Austria; Teller originally from Hungary; and Oppenheimer from America.

Q. Was Enrico Fermi from Italy one of this group?

A. No. We jokingly said he was half so. Fermi was a Christian who left Italy. His wife was Jewish. One of his assistants in Rome, the late professor Racah, later served under me when I was an officer in the Haganah (the defense force).

Q. Can Israel, through science, help fulfill the Biblical dream of beating swords into plowshares?

A. Ah, look up, and on the ceiling of this presidential office, here it is written as in the Bible:

*Nation shall not lift up sword against nation, neither shall they learn war any more.*

This is the most sincere desire—a desire of all Jews. But, as has so often happened in our history, it is a question of life or death. All Jewish history has indicated that we have no choice but to have the military strength that prevents wars. We must be strong, but great strength must be matched by high moral standards.

Q. Would you like to make any concluding observation?

A. Yes, I believe that Israel and Jews have an enormous responsibility that the achievements of science be used for the advancement of all mankind.

## Destruction of Phenylalanine May Cut Cancer Cell Growth

*Medical Tribune Report*

**GALVESTON, TEX.**—Investigators at the University of Texas Medical Branch have found that phenylalanine ammonia-lyase deprives leukemic cancer cells of a nutrient, Dr. Creed Abell, head of a cancer research team here, reports.

Fifth, health. Our basic services are good. Some think our therapeutic and immunologic efforts and our medical manpower are disproportionate for our size. But health remains fundamental.

Sixth, science-based industry—electronics, chemistry, and medicinals. These must be our new industries at the very frontiers of science.

Q. What is the chance of Israel's serving as an experiment or pilot plant for a better society?

A. May I comment on one thing which may be of particular interest in this respect. Look at Jewish history. You may look at it cynically. Why have the Jews adopted the prophets and the Ten Commandments? Perhaps because the Jews have always had a tiny country surrounded by the Babylonians, the Egyptians, and others. We have had our troubles then and our troubles now. Perhaps we have early recognized that our state could aspire to no empire, and we therefore sought other goals—spiritual and cultural values. These may prove to be more eternal. Somehow these seem to survive. In the long range,

in the latest test series six of 14 leukemic mice were cured—or 43 per cent. Of those that died, all had extended life spans of five to six days more than would have been achieved in non-PAL-treated mice.

## New Device Gives Details About Blood Coagulation

*Medical Tribune Report*

**ATHENS, GA.**—A device that gives detailed information about blood coagulation, including the time for a clot to form, has been developed by two chemists at the University of Georgia.

Peter W. Carr, Ph.D., Assistant Professor of Chemistry, and William D. Bostick, a research assistant, the developers, said their device detects almost the exact instant of coagulation and that it works on both clear and turbid samples, monitors the temperature of the sample throughout the test, and provides a record of all steps in the test.

# the long-range analgesic

in chronic pain: continued relief without risk of tolerance

Though Talwin® Tablets can be compared to codeine in analgesic efficacy, Talwin is not subject to narcotic controls. For patients who require potent analgesia for prolonged periods, Talwin can provide consistent, long-range relief, with fewer of the consequences you've come to expect with narcotic analgesics.

- Comparable to codeine in analgesic efficacy: one 50 mg. Talwin Tablet appears equivalent in analgesic effect to 60 mg. (1 gr.) of codeine. Onset of significant analgesia usually occurs within 15 to 30 minutes. Analgesia is usually maintained for 3 hours or longer.
- Tolerance not a problem: tolerance to the analgesic effect of Talwin Tablets has not been reported, and no significant changes in clinical laboratory parameters attributable to the drug have been reported.
- Dependence rarely a problem: during three years of wide clinical use, only a few cases of dependence have been reported. *In prescribing Talwin for chronic use, the physician should take precautions to avoid increases in dose by the patient and to prevent the use of the drug in anticipation of pain rather than for the relief of pain.*
- Not subject to narcotic controls: convenient to prescribe—day or night—even by phone.
- Generally well tolerated by most patients: infrequently cause decrease in blood pressure or tachycardia; rarely cause respiratory depression or urinary retention; seldom cause diarrhea or constipation. If dizziness, lightheadedness, nausea or vomiting are encountered, these effects may decrease or disappear after the first few doses. (See next page of this advertisement for a complete discussion of Adverse Reactions and a Brief Summary of other Prescribing Information.)

50mg. Tablets

**Talwin®**  
brand of  
pentazocine  
(as hydrochloride)  
in moderate to severe pain

Wednesday, October 3, 1973

MEDICAL TRIBUNE

11

## in chronic pain: continued relief without risk of tolerance

Talwin® Tablets brand of pentazocine (as hydrochloride)

Analgesic for Oral Use—Brief Summary

Indications: For the relief of moderate to severe pain.

Contraindication: Talwin should not be administered to patients who are hypersensitive to it.

Warnings: Drug Dependence. There have been instances of psychological and physical dependence on parenteral Talwin in patients with a history of drug abuse and, rarely, in patients without such a history. Abrupt discontinuation following the extended use of parenteral Talwin has resulted in withdrawal symptoms. There have been a few reports of dependence and of withdrawal symptoms with orally administered Talwin. Patients with a history of drug dependence should be under close supervision while receiving Talwin orally.

In prescribing Talwin for chronic use, the physician should take precautions to avoid increases in dose by the patient and to prevent the use of the drug in anticipation of pain rather than for the relief of pain.

Head Injury and Increased Intracranial Pressure. The respiratory depressant effects of Talwin and its potential for elevating cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions, or a preexisting increase in intracranial pressure. Furthermore, Talwin can produce effects which may obscure the clinical course of patients with head injuries. In such patients, Talwin must be used with extreme caution and only if its use is deemed essential.

Usage in Pregnancy. Safe use of Talwin during pregnancy (other than labor) has not been established. Animal reproduction studies have not demonstrated teratogenic or embryotoxic effects. However, Talwin should be administered to pregnant patients (other than labor) only when, in the judgment of the physician, the potential benefits outweigh the possible hazards. Patients receiving Talwin during labor have experienced no adverse effects other than those that occur with commonly used analgesics. Talwin should be used with caution in women delivering premature infants.

Acute CNS Manifestations. Patients receiving therapeutic doses of Talwin have experienced, in rare instances, hallucinations (usually visual), disorientation, and confusion which have cleared spontaneously within a period of hours. The mechanism of this reaction is not known. Such patients should be very closely observed and vital signs checked. If the drug is reinstated it should be done with caution since the acute CNS manifestations may recur.

Usage in Children. Because clinical experience in children under 12 years of age is limited, administration of Talwin in this age group is not recommended.

Ambulatory Patients. Since sedation, dizziness, and occasional euphoria have been noted, ambulatory patients should be warned not to operate machinery, drive cars, or unnecessarily expose themselves to hazards.

Precautions: Certain Respiratory Conditions. Although respiratory depression has rarely been reported after oral administration of Talwin, the drug should be administered with caution to patients with respiratory depression from any cause, severe bronchial asthma and other obstructive respiratory conditions, or cyanosis.

Impaired Renal or Hepatic Function. Decreased metabolism of the drug by the liver in extensive liver disease may predispose to accentuation of side effects. Although laboratory tests have not indicated that Talwin causes or increases renal or hepatic impairment, the drug should be administered with caution to patients with such impairment.

Myocardial Infarction. As with all drugs, Talwin should be used with caution in patients with myocardial infarction who have nausea or vomiting.

Biliary Surgery. Until further experience is gained with the effects of Talwin on the sphincter of Oddi, the drug should be used with caution in patients about to undergo surgery of the biliary tract.

Patients Receiving Narcotics. Talwin is a mild narcotic antagonist. Some patients previously given narcotics, including methadone for the daily treatment of narcotic dependence, have experienced mild withdrawal symptoms after receiving Talwin.

CNS Effects. Caution should be used when Talwin is administered to patients prone to seizures; seizures have occurred in a few such patients in association with the use of Talwin although no cause and effect relationship has been established.

Adverse Reactions: Reactions reported after oral administration of Talwin include gastrointestinal: nausea, vomiting; infrequently constipation; and rarely abdominal distress, anorexia, diarrhea. CNS effects: dizziness, lightheadedness, sedation, euphoria, headache; infrequently weakness, disturbed dreams, insomnia, syncope, visual blurring and focusing difficulty, hallucinations (see Acute CNS Manifestations under WARNINGS); and rarely tremor, irritability, excitement, tinnitus. Autonomic: sweating; infrequently flushing; and rarely chills. Allergic: infrequently rash; and rarely urticaria, edema of the face. Cardiovascular: infrequently decrease in blood pressure, tachycardia. Other: rarely respiratory depression, urinary retention.

Dosage and Administration: Adults. The usual initial adult dose is 1 tablet (50 mg.) every three or four hours. This may be increased to 2 tablets (100 mg.) when needed. Total daily dosage should not exceed 600 mg.

When antinflammatory or antipyretic effects are desired in addition to analgesia, aspirin can be administered concomitantly with Talwin.

Children Under 12 Years of Age. Since clinical experience in children under 12 years of age is limited, administration of Talwin in this age group is not recommended.

Duration of Therapy. Patients with chronic pain who have received Talwin orally for prolonged periods have not experienced withdrawal symptoms even when administration was abruptly discontinued (see WARNINGS). No tolerance to the analgesic effect has been observed. Laboratory tests of blood and urine and of liver and kidney function have revealed no significant abnormalities after prolonged administration of Talwin.

Overdosage: Manifestations. Clinical experience with Talwin overdosage has been insufficient to define the signs of this condition.

Treatment. Oxygen, intravenous fluids, vasopressors, and other supportive measures should be employed as indicated. Assisted or controlled ventilation should also be considered. Although nalorphine and levorphanol are not effective antidiarrheals for respiratory depression due to overdosage or unusual sensitivity to Talwin, parenteral naloxone (Narcant®, available through Endo Laboratories) is a specific and effective antagonist.

Talwin is not subject to narcotic controls.

How Supplied: Tablets, peach color, scored. Each tablet contains Talwin (brand of Pentazocine) as hydrochloride equivalent to 50 mg. base. Bottles of 100.

100

Winthrop Laboratories, New York, N.Y. 10016

Winthrop

50mg. Tablets **Talwin®**  
brand of  
pentazocine  
(as hydrochloride)  
in moderate to severe pain

## One Man... and Medicine

ARTHUR M. SACKLER, M.D.,  
International Publisher, Medical Tribune



### The Chariots of the Gods—and the 747

IT WAS A HOT SUN. There was no shade as we drove through Piraeus on our way to Athens. Offshore, ship after ship, of the American fleet, cruisers and tankers and submarines, rode at anchor near where once the Argonauts embarked. One couldn't help thinking "Plus ça change, plus c'est la même chose." For our astronauts, the Golden Fleece was the moon. Remains the same, did I say? No, man is never quite the same. In his striving to "be," there seems to have been a change, an escalation—in quantitative inflation.

I

had looked forward to coming back to Piraeus. It was changed. A decade ago, I attended a medical meeting in Athens and paid my tribute at the sites of so many of man's achievements. Changed it was, but not for the better. Cars and Coca-Cola signs, neon lights, and plastic bedeck the streets of Piraeus and Athens. They are mixed blessings, these "achievements" of technology.

I had just spent a fortnight in the Middle East, across the "wine-red sea" of Homer, when I thought I could adjust my schedule to spend a day in the land of Pericles and Praxiteles. I had just shared with my daughter Denise, who is 18 and beautiful and vividly alive, the shrines of that early crossroads of the world which was the source of three faiths. And so, from the lands which nurtured so much religious faith and from an interview with the head of state, we were transported by 747 jet to another land of shrines, shrines to the intellect of man and to his aesthetics.

Of course we climbed the Acropolis and marveled at the Parthenon. We checked in at the Acropolis Museum; its director, Nicolas Platon, was away at a "dig." On our last visit I had missed him at his dig at Kata Zacro (on Crete) and found him here in Athens. This time it was the other way 'round. On to the National Archaeological Museum. There are several things there I particularly wanted to share with Denise—the beautiful archaic sculpture, the marbles of Praxiteles. I wanted to refresh and enlarge my exposure to the cyclopean masterpieces, to see with new eyes the great bronzes of Greece; the three heroic-sized figures that we had seen a decade ago, when they had just been found in a sewer excavation in Piraeus. What wonders of beauty. And then, of course, the treasures of Schliemann.

#### "Tavernas" Now Touristy

With the cool of dusk, we walked through the Plaka. Its tavernas, once so typically Athenian, are now touristy. We planned a table at a "native's" taverna, where the grape leaves and lamb dishes can be savored to the music of three guitarists, who enjoy playing our favorite songs of Crete. Then on to the Odeon of Herodes Atticus. That wealthy banker had built it in A.D. 161. Carved into the rocks on the southern slope of the Acropolis, this 5,000-seat restored amphitheater provides a magnificent setting for festivals of music and drama. An almost unbroken tradition of over 2,000 years continues. It was in Athens that Thespis sought the prizes in state-sponsored competitions more than two and a half millennia ago with the same zeal but perhaps less cunning than the Thespians of our day compete for an Oscar. Here, works of the early dramatists still challenge actors and audiences into their deathless plots, with their poetic and choreographic rhymes. Western dramatists have wandered from the origins of European drama, from the medieval Mass and Easter services. Attic drama still relates to its roots in religious rites. The dramatists—Aeschylus, Sophocles, Euripides—educated three generations of Athenians with their unique blend of dramatic recitation, music, and dance.

Before 5,000 silent, almost reverent spectators, hanging on each phrase, with each whisper clearly audible in the rear rows of the amphitheater, under the darkening cool night sky, all were transported back in time.

Modern science has displaced much of the beauties of man's handicraft with a tasteless, disposable plastic "civilization." That same science, paradoxically, projects man into the realms of the gods—through the heavens above and under the sea below. Man now flies through the skies with a speed and comfort unmatched by the fabulous golden chariots of the gods of Greece. And so, in just hours, we were carried back not only in space but in time to worship at the temples of Greece, to see their gods, to revel in the aesthetic beauty of bronze and stone, to share the timeless truths of the tragedies of Greece.

In many ways, the Greeks set precedents for the Western stage. The ancient Greek lyrical poets fused in their art-poetry, music, rhythmic action. They were dramatists and poets, musicians and pantomimists, choreographers and directors as well—a combination, if you will, of Shakespeare and Mozart, of Verdi and Balanchine. The Greek dramatists lived not just in a "welfare state" but at a time of great patrons of the arts. In our society, science gets the lion's share of patronage; the leavings go to painting, and some gleanings for sculpture and music. In ancient Greece, drama ruled the roost.

#### "Was" vs "Should Be"

Euripides was an enthusiast who gave full play to his thoughts and emotions. His fellow dramatist, Sophocles, didn't hesitate to point the difference between the two. He, Euripides, depicted human nature "as it was." Sophocles recorded it "as it should be" and how it reacts under the stresses and strains of the fate that is inevitable. Sophocles and Shakespeare had more in common than just the writing of plays and poems, directing, and acting. As idealized as some of the aspects of Sophocles' characters are, his delineation of personality was lifelike, true to type, consistent, and, above all, seeking after justice and speaking for nobility. He differs from Shakespeare in that Sophocles banned the low, the petty, and the ridiculous, the bare egotism, the puerile, and the malignant, which Shakespeare utilized to offset the tragic nobility of both character and plot. We must speak again of Sophocles when on another occasion we return to Thebes, as Velikovsky did in his *Oedipus and Akhnaton*.

This night in Athens was to be devoted to *Medea* in operatic form, the one written by Cherubini, Italian-born Parisian, master of counterpoint. The opera *Medea* was first presented in 1797. After an interval of 100 years it reappeared again at La Scala and then over 60 years later, was triumphantly presented in Greece. It is the tragedy of Jason, he of the Golden Fleece. Betrothed to the daughter of the King of Corinth, Jason plans to leave Medea, who had borne him two sons. The tragic course is classically inevitable—the punishment of man's hubris. Medea poisons Jason's bride with her wedding presents, kills her own children, and, in the equally classic *deus ex machina*, is taken to the gods in a chariot pulled by dragons.

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# Two ways to treat essential hypertension and why...

## Esimil®

guanethidine monosulfate 10 mg  
hydrochlorothiazide 25 mg

## Ser-Ap-Es®

reserpine 0.1 mg  
hydralazine hydrochloride 25 mg  
hydrochlorothiazide 15 mg

### INDICATIONS

Esimil: Hypertension. (See box warning.)

**Ser-Ap-Es:**  
Based on a review of this drug by the National Academy of Sciences-National Research Council and/or other information, FDA has classified the indications as follows: Effective Hypertension. (See box warning.)

**WARNING**  
This fixed combination drug is not indicated for initial therapy of hypertension. Hypertension requires therapy titrated to the individual patient. The combination represents the dosage so determined. Use may be more convenient in patient management, the treatment of hypertension is not static, but must be reevaluated continually in each patient warrant.

### CONTRAINDICATIONS

**Guanethidine:** Known or suspected pheochromocytoma; known or suspected sensitivity, frank congestive heart failure not due to hypertension; use of MAO inhibitors.

**Hydrochlorothiazide:** Anuria; hypersensitivity to thiazide or sulfonylurea-derived drugs. The pregnant woman with anuria and mild edema is contraindicated and possibly hazardous.

**Ser-Ap-Es:** Known hypersensitivity, mental depression (especially with suicidal tendencies); active peptic ulcer; ulcerative colitis; electroconvulsive therapy.

**Hydralazine:** Hypersensitivity; coronary artery disease; mitral valvular rheumatic heart disease. **Hydrochlorothiazide:** See hydrochlorothiazide section above.

**WARNINGS**  
Antihypertensives are potent drugs and can lead to serious side effects in clinical problems. Physicians should be familiar with all drugs and their combinations before prescribing. Patients should be warned not to deviate from Esimil.

### Guanethidine

Warn patients about the potential hazard of orthostatic hypotension, which can occur from the first dose and is most marked in the morning and is accentuated with heat, alcohol, or exercise. To help prevent fainting, warn patients to sit or lie down with caution when rising or weakness, which may be particularly marked during the initial period of dosage adjustment. The potential occurrence of orthostatic hypotension may require alteration of previous daily doses. Certain patients should be warned of sudden prolonged standing or exercise while taking the drug.

Concurrent use with rauwolfia derivatives may cause orthostatic hypotension, bradycardia, and mental depression. If possible, withdraw therapy 2 weeks prior to surgery to reduce the possibility of vasospasm and cardiac arrest during anesthesia. If rauwolfia is still indicated, administer preanesthetic and anesthetic agents, carefully in reduced dosage and IV solutions ready for immediate use in case of cardiac collapse. Vasoconstrictors should be used with caution in patients on guanethidine because of the possible augmented response and the greater propensity for developing arrhythmias. Doseage requirements may be increased in presence of fever. Exercise special care when treating patients with a history of bronchial asthma. Orthostatic hypotension may be aggravated.

**Hydrochlorothiazide:** Use with caution in severe renal disease. In patients with renal disease, thiazides may produce cumulative effects of the drug may develop in patients with impaired renal function.

Thiazides should be used with caution in patients with impaired hepatic function or prothrombin levels, since minor alterations of fluid and electrolyte balance may precipitate hepatic coma.

Thiazides may be additive or potentiating of the action of other antihypertensive drugs. Potentiating occurs with ergotamine or peripheral adrenergic blocking drugs.

Sensitivity reactions are more likely to occur in patients with a history of allergy or bronchial asthma.

The possibility of exacerbation or activation of systemic lupus erythematosus has been reported.

Reserpine: Use with extreme caution in patients with a history of mental depression. Discontinuation of the drug is deemed essential to the welfare of the patient.



# why Ser-Ap-Es®

reserpine 0.1 mg  
hydralazine hydrochloride 25 mg  
hydrochlorothiazide 15 mg

because only Ser-Ap-Es adds  
Apresoline (hydralazine)  
to rauwolfia-thiazide-for direct  
action on arterioles

Only Ser-Ap-Es combines Apresoline  
—for direct peripheral  
vasodilation—with  
rauwolfia-thiazide.

Allows for smaller  
doses of each component.

If there is slight  
renal impairment,  
Apresoline helps maintain or increase renal  
blood flow.

If the patient is stress-reactive, the reserpine  
component should have a calming effect.

Hydralazine provides both antihyper-  
tensive and salturic actions.

Ser-Ap-Es, in a single tablet, has all the medica-  
tion many hypertensives will need.

Use cautiously in patients with advanced renal  
damage or cerebrovascular accident. Discon-  
tinue at first sign of mental depression.

By effectively lower-  
ing blood pressure, it  
takes the pressure off  
target organs.

If the patient is  
free of organ damage,  
Esimil may keep  
her that way. Toler-  
ance with Esimil is  
infrequently a problem.

The convenience of Esimil is also worth noting:  
its simple once-a-day dosage is easy on the  
patient, certainly easy to remember.

Postural hypotension may occur with the use  
of Esimil, particularly while the drug is being  
introduced. Like all antihypertensives, Esimil  
should be given with caution in the presence of  
severe coronary insufficiency or recent myo-  
cardial infarction. Esimil is not indicated for  
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The convenience of Esimil is also worth noting:  
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patient, certainly easy to remember.

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of Esimil, particularly while the drug is being  
introduced. Like all antihypertensives, Esimil  
should be given with caution in the presence of  
severe coronary insufficiency or recent myo-  
cardial infarction. Esimil is not indicated for  
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Hydralazine provides both antihyper-  
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damage or cerebrovascular accident. Discon-  
tinue at first sign of mental depression.

By effectively lower-  
ing blood pressure, it  
takes the pressure off  
target organs.

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free of organ damage,  
Esimil may keep  
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## Doctors' Debate

MEDICAL TRIBUNE frequently receives extensive and well-documented communications from physicians on current subjects of controversy or those of great current medical interest. We invite contributions in these areas for presentation in this new feature.

### A DuVal Controversy

In the August 15 issue of MEDICAL TRIBUNE, page 1, Dr. Merlin K. DuVal, vice-president for health sciences, University of Arizona, and former assistant secretary of HEW, said that the public is dissatisfied with the "inequitable" distribution of health services, and called on the medical profession to regulate the location and specialties of its members.

Dear Dr. DuVal:

If the "direct quotes" which appeared on August 15 in MEDICAL TRIBUNE are correct, one would conclude that your Government inoculation has dedicated you to the destruction of freedom to practice wherever a doctor wishes to in the United States of America.

Why are we different than any other American citizen? Why must we be assigned to an area or perhaps by a practice, or have to petition the Government or a medical society for the privilege of living where we wish? This has been proved to be a failure in Austria, as well as several other European countries.

Why must we deny people of the privilege to fail? This is unique in America, and it is one of the most important privileges we still have. Freedom built this country, and its continued infringement by the Government will destroy it—just as it destroyed every other previous topmost world civilization. I will be glad to accept this as a concept if every other citizen of the United States accept the concept that the Government may tell him where to live and what to do.

I know that this is a difficult problem—getting doctors to every area where people live—but the loss of freedom, which must of necessity follow such action, would be a terrible price to pay.

JOHN M. RUMSEY, M.D.,  
San Diego, Calif.

Dear Dr. DuVal:

I read with interest the article in the August 15 MEDICAL TRIBUNE—that there is "inequitable distribution of health services" and that "professional preference has been allowed to go too far"—and your call for "the medical profession to regulate the location and specialties of its members." I agree that "as long as each physician has free choice—he will almost invariably choose his location and the type of services he will render to meet his own needs." His needs do, of course, include satisfactory medical facilities, a satisfactory community, or feasible proximity to one that will, reasonably and satisfactorily, supply a consumer need for his services that will efficiently make full utilization of his talents and services, that will meet his own needs for continuing education, continuing professional associations, mental stimulation in general, and a satisfactory physical, educational, and moral and safe climate for his family and the financial rewards that will afford these things to him.

Most physicians, with these things in mind and with our own prime personal knowledge of our personal individual needs and capabilities, have by free choice chosen practice sites where we are needed, where our talents will be best utilized, with satisfactory environments for our families, and with adequate financial rewards. A large majority of us are less than completely satisfied and are often markedly dissatisfied with the amount of time we have with our patients, with the loss of the old-time doctor-patient relationship, with the environment for our families, with the time available for professional education, with the time available for our families, and with the time and opportunity for association with our professional peers.

I had thought that perhaps you were a

know, there are many such locations in Alabama, Mississippi, and the Bronx, but most of us in the medical profession know many, many more also that would be much closer to your present location and be more convenient for you to relocate to; though, of course, we realize that you should not consider your own personal convenience, I will be happy to supply you with listings of "physicians wanted."

CHARLES A. CASHMAN, M.D.  
Calexico, Calif.

Editor, MEDICAL TRIBUNE:

Dr. Merlin K. DuVal asserts that the medical profession should order its members into certain locations and specialties.

I wonder how long it will be before the medical profession will cease to deprive its members of basic inalienable rights given every American citizen simply because "if the profession doesn't do it, the government will." How many plumbers, electricians, lawyers, economists, or garbage collectors would allow anyone to tell them where they must live and in what specialty they must practice their trade or profession? The law of supply and demand is the surest method of determining how many specialists should be in a given specialty and geographic area.

If the Government wishes to staff hos-

pitals or clinics in underprivileged areas of our country, the Government should set up a program for subsidizing the medical education of individuals who will accept, as part of this support, the obligation to practice in certain areas and in certain specialties for a prescribed length of time. Those of us who have paid for our own medical education do not feel that we wish to abrogate our constitutional rights simply because a bureaucrat wishes for a different distribution of physicians.

The right to choose what one does for a living and where he does it is still intrinsic to our American system. I see no reason why physicians should accept less than any other citizen.

ROLAND C. KREPS, JR., M.D.  
Merced, Calif.

Editor, MEDICAL TRIBUNE:

Where does Dr. DuVal get the unmitigated gall to tell people where and when they shall live and work and under what circumstances they shall pursue "life, liberty, and the pursuit of happiness," as guaranteed in the Bill of Rights?

Dr. DuVal shows the typical traits of a petty commissar, and I think he ought to go to see his most accessible psychiatrist.

G. THOMAS SAMARTINO, M.D.  
South Miami, Fla.

## Doing little things better



caring better for his basic needs, less confused in his thinking; no great accomplishment for most people, but a significant advance for the patient with cerebral arteriosclerosis\*

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helps patients with cerebral arteriosclerosis do little things better

The usual dosage is four to six sublingual tablets daily. The patient's improvement with Hydergine is usually demonstrated in four to six weeks. Some nasal stuffiness due to adrenergic blockade, transient nausea or gastric disturbances have been reported with high dosages.

I had thought that perhaps you were a

\*Indications: Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indication as follows:  
"Possibly" effective: The treatment of cerebral arteriosclerosis and dizziness, mood changes, nocturnal cramps, and paresthesias in the aged.  
Final classification of the less-than-effective indications requires further investigation.

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"It doesn't apply to me. I'm going into a freezertorium."

### A Pox on Vaccination

Dr. Andre J. Lebrun [Letters to Tribune, August 11] expresses his hope that "world-wide smallpox vaccination will have been achieved." Whether or not routine smallpox vaccination should be continued in the U.S.A. is a moot argument; the question has been answered and have yet to be linked to cyclamates.

In view of Burkitt's observations, one wonders how many intestinal tract malignancies were caused by the FDA's action in removing the cyclamates. There is one issue in this matter of the cyclamates which is subject to rather simpler determination than the carcinogenicity of cyclamates or the number of malignancies in man consequent upon their regulatory removal. What role, if any, did the sugar lobby play in the cyclamate fiasco?

A.M.S.

### Genetic Engineering

ABOUT 24 YEARS AGO Edwin Chargaff discovered the principle of base pairing of nucleic acids. Thus, in DNA, adenine pairs with thymine, guanine with cytosine. It is this principle that made possible the elucidation of the double helix of DNA by Watson and Crick and, in 1967, permitted the synthesis of a biologically active single stranded DNA from a natural virus by Arthur Kornberg and his colleagues.

In 1970 Har Gobind Khorana and his colleagues reported the synthesis of the double-stranded gene that directs the formation of alanine transfer RNA in the yeast cell. At the time it was known that Professor Khorana was also engaged in the synthesis of a second gene that directs the formation of tyrosine transfer RNA in *Escherichia coli*. That accomplishment was recently reported at the national meeting of the American Chemical Society (MEDICAL Tribune, September 19). It is likely that before long Professor Khorana will announce the synthesis of the additional gene structures controlling its "start and stop" function.

Professor Chargaff takes a very dim view of all this and in a recent article referred to it as what is "vulgarily called genetic engineering." He added, "It is not so much I fear the success—there won't be any—but rather that such such attempt, if windy and hopeless and barbaric as it may be, lifts our sciences and all of us to an ever-higher level of moral entropy."

The signs, however, indicate that genetic engineering will come into being. And, as has been stated here before, ethical problems will arise that should be evaluated now.

### The Returning Tourist

CLINICAL QUOTE: "Some of the diseases abroad and bring back are amebiasis, giardiasis, roundworm or tapeworm infections, bacillary dysentery, and rarely typhoid fever, tropical sprue, lymphogranuloma venereum, hydatid disease, brucella spondylitis, or maduromycosis. The incidence of these diseases in endemic areas, especially the

as well as over criminal offenses Mr. Nixon's Administration is charged with? Or are we to speak out only when medicine's self-interest is served?

A more appropriate and timely editorial by MEDICAL TRIBUNE would have been a consensus psychoanalysis of the President. As he sees it, the world, the Congress, courts, and press are all against him. In his latest press conference he blamed Congress for high prices and inflation; blamed the press rather than the burglars and spies for his Watergate troubles; told the Supreme Court that he would obey only a "definitive" judgment on the Watergate tapes, without explaining what "definitive" meant, or why he alone of all Americans had the right to pass judgment on Supreme Court decisions. Does this sound paranoid, egomaniac, and dictatorial to you? Me too.

SOL BROWNY, M.D.  
Trenton, N.J.

Variety Is the Spice.  
I read with great delight the editorial on "The Endangered Species." I had one of my interns read it aloud to the entire group making rounds. I believe they got more out of your editorial than they did out of rounds that morning.

WILLIAM A. LEFF, M.D.  
East Orange, N.J.

### Significant Sem-Antics

"Dr. Fox's" fussy lecture [on gobbledegook] at U.S.C. (MEDICAL TRIBUNE, August 22) has significant implications. Such gullibility, uncritical analysis, or stupidity amongst a group of 55 "professionals" is shocking. Showmanship and style carry more weight than content. No wonder an actor can rise to leadership in politics, government, or any field he chooses.

If professionals are taken in by such tactics, what must be happening to the American public, bombarded en masse daily for hours by skilled actors via the aptly named "boob tube"? Lincoln was wrong. Today, all of the people can be fooled all of the time—at least on the subject of "mathematical game theory as applied to physician education."

The astute U.S.C. investigators made a classic observation. How deeply have the ranks of medicine and science been infiltrated by undetected "actors," spreading phoniness not only in the lecture room but in the literature? Medical students and physicians are not such sophisticated and observing professionals that they can unfailingly spot a phony. Now is the time to take a long, close look at medical educators and literature and separate the real from the "put-on." More of the latter may be around than we suspect.

HERBERT L. JOSEPH, M.D.  
Vallejo, Calif.

## Texas TB Plan Provides Service to Remote Counties



Equipment used in the clinics must be easily transported. Carrying records, eye charts, and other equipment, the nurse often resembles a traveling medicine man. In many localities the nurses are the only providers of health care services.



Clinics may be held in community centers, churches, schools, post offices, "washaterias," parks, or any other facility that is available.

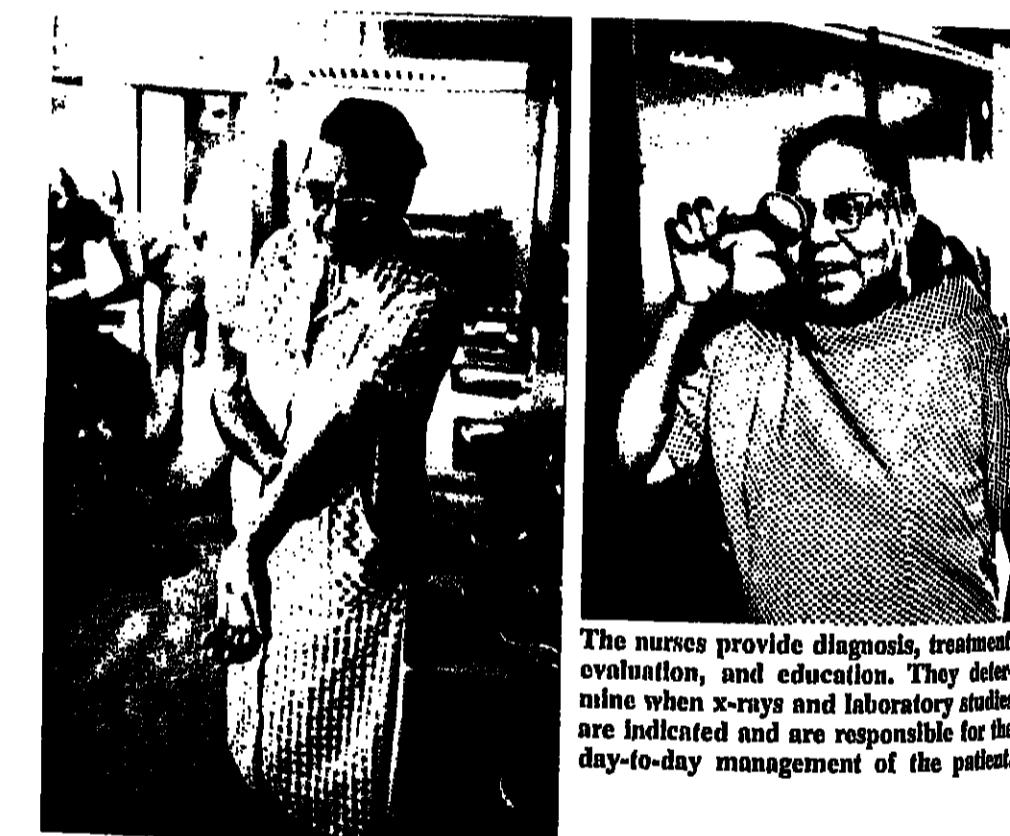


The response of the patients to the clinic with a nurse in attendance has been good. They feel they can sit and talk with the nurse without the interruption of the children or other distractions and that the time she is spending with them is exclusively theirs. In addition, in many rural areas it gives people an opportunity to "go someplace" and visit with their friends.

THE TUBERCULOSIS Control Program in Texas provides service to residents of 254 counties covering 275,416 square miles. Twenty-one of these counties have no physicians, so their population of 11,420,587 is served by 130 TB-control field nurses. In order to assure supervision and care for the 15,195 home cases and more than 16,000 patients who received chemoprophylaxis last year, the nurses often travel 100-150 miles to conduct clinics in remote areas where facilities are poor to nonexistent.



"If you haven't held a clinic in a 'washateria' with the washing machines jumping up and down at you, you haven't lived," says Ella Herring, director of nursing.



The nurses provide diagnosis, treatment, evaluation, and education. They determine when x-rays and laboratory studies are indicated and are responsible for the day-to-day management of the patient.



The response of the patients to the clinic with a nurse in attendance has been good. They feel they can sit and talk with the nurse without the interruption of the children or other distractions and that the time she is spending with them is exclusively theirs. In addition, in many rural areas it gives people an opportunity to "go someplace" and visit with their friends.

## Diabetes Studies of East, West Compared

*Medical Tribune World Service*  
BRUSSELS—Striking differences between East and West in incidence and complications of diabetes were pointed up by epidemiologists at the eighth Diabetes Conference.

They reported that:

- Sex ratios of diabetes are reversed in certain parts of India and Japan, as compared with Western countries. There is a male:female ratio of 3:1 in a rural population and of 2:1 in an urban population in India.
- A "crude comparison" of physical activity and diabetes, made in the same Indian study, showed physical inactivity scoring more as a diabetogenic factor than a high caloric intake.
- While the small-vessel disease rates are not greatly different, apparently the large-vessel disease rate among diabetics is several times higher in the Western world than in the underdeveloped countries.

Dr. Kelly M. West, Professor of Medi-

cine at the University of Oklahoma, said: "The coronary arteries of Asian diabetics of long duration who have never seen a doctor are in much better shape than the coronary arteries of a typical diabetic of the 'advanced' societies who has had the advantage of the traditional diabetic diet prescribed by the Western physician."

Other epidemiologic studies have implicated environmental more than genetic factors as a cause of associated coronary artery disease in diabetes, Dr. West said. The clinical meaning of these findings, he commented, is that "we should consider whether the traditional diabetic diet prescribed by Western physicians is really the most appropriate."

Eastern clinicians have long used high-carbohydrate diets in controlling diabetes, and it is now obvious that the use of such diets has been associated with very low rates of atherosclerosis, Dr. West observed.

The Indian study, by Dr. B. B. Tripathy,

adiposity is by no means the sole determinant of risk.

Dr. Peter H. Bennett, of the National Institutes of Health Epidemiology and Field Studies Branch in Phoenix, Ariz., said that the Pima Indians in the southwest United States have the highest prevalence of diabetes in the world and that their diabetes appears to be biochemically and clinically the same in all its specific manifestations as diabetes mellitus in other races in the West. As such, he noted, they represent a model population for the study of the natural history and determinants of diabetes mellitus and its complications.

### Abortion in India

*Medical Tribune World Service*  
BOMBAY, INDIA—Of the 75 incomplete abortion cases admitted to the Medical College Hospital at Baroda during a two-year period, 77.4 per cent were in married women. The most common method of inducing abortion was introduction of a vegetable stick into the uterus, used in 41.3 per cent.

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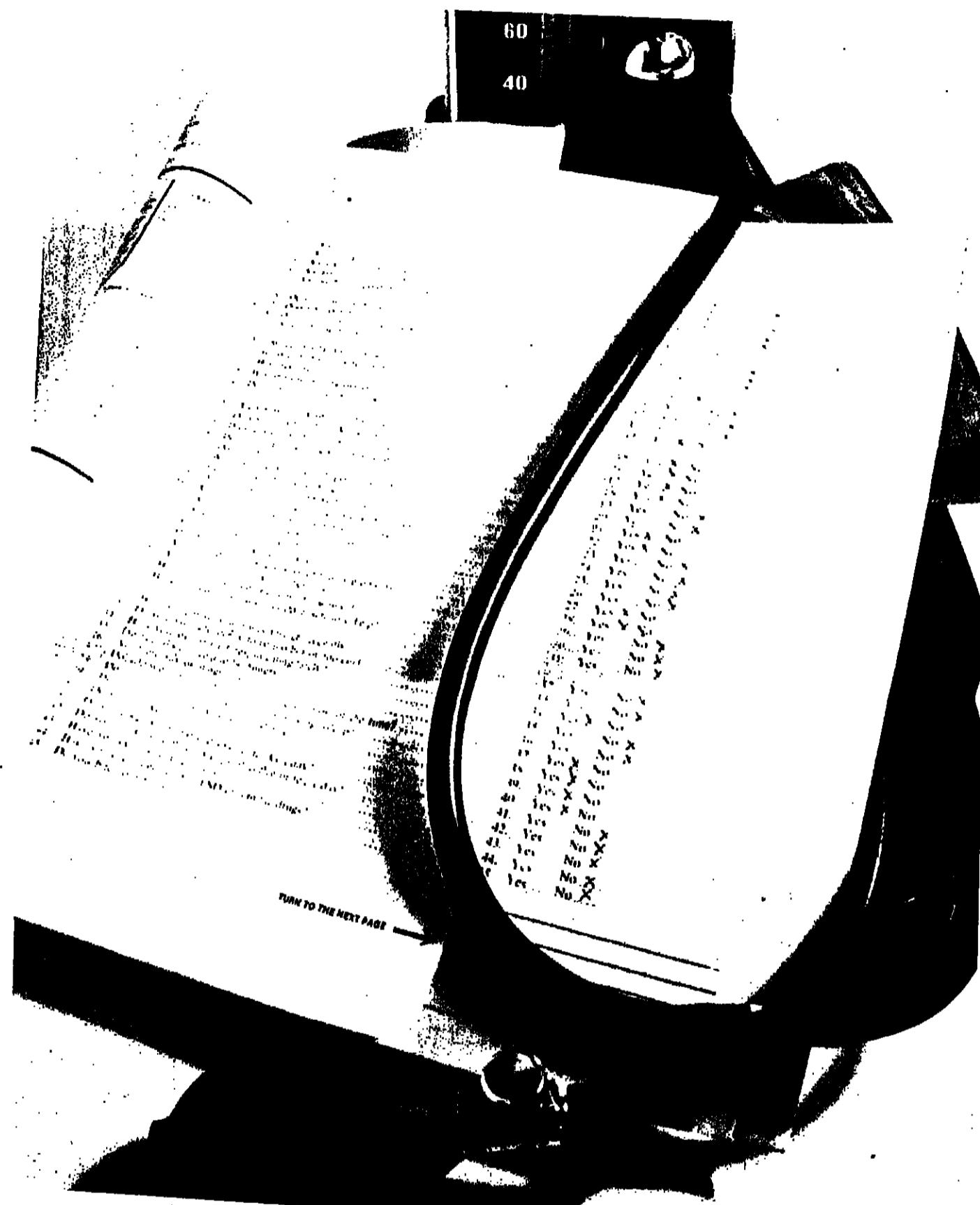


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# "Anxiety hypertension" superimposed on essential hypertension



Before prescribing, please consult complete product information, a summary of which follows:

**Indications:** Relief of anxiety and tension occurring alone or accompanying various disease states.

**Contraindications:** Patients with known hypersensitivity to the drug.

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete

mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.

**Precautions:** In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic

function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

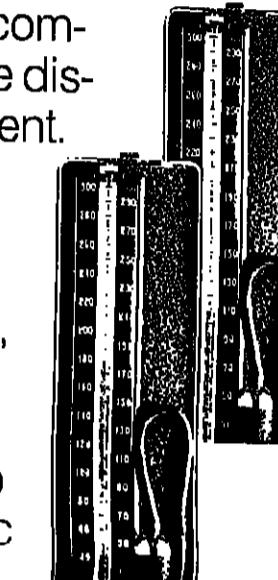
**Adverse Reactions:** Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and vomiting, constipation, extrapyramidal symptoms, increased libido—all infrequent and generally controlled with dosage reduction; changes in EEG

patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

**Supplied:** Librium® Capsules containing 5 mg, 10 mg or 25 mg chlordiazepoxide HCl. Libritabs® Tablets containing 5 mg, 10 mg or 25 mg chlordiazepoxide.

## The Somatic Protest

Excessive anxiety or apprehension can initiate a sequence of complex neurohormonal events which, in susceptible patients, may lead to *anxiety hypertension*. Superimposed on hereditary essential hypertension, this can complicate the course of the disease and its management. Excessive anxiety may be an emotional response to endogenous or environmental stress, and is often reported to result not only in higher blood pressure but also in tachycardia or cardiac arrhythmias. Transient B.P. elevation may occur when the measurement is made in the physician's office. In some hypertensive patients, awareness of the disorder alone can generate anxiety severe enough to increase the blood pressure.



The adjunctive use of Librium (chlordiazepoxide HCl) can help reduce excessive anxiety complicating essential hypertension. Physicians have found Librium to be dependably effective against clinically significant anxiety.

Librium is used concomitantly with certain primary medications, such as cardiac glycosides, diuretics, anti-hypertensives and vasodilators. Because of its wide margin of safety, the necessity of discontinuing therapy with Librium because of undesirable effects has been rare. In general use, the most common side effects reported have been drowsiness, ataxia and confusion, particularly in the elderly and debilitated. (See summary of product information.) Librium is available in 5-mg, 10-mg and 25-mg capsules, permitting individualized treatment of varying levels of anxiety.

## For moderate to severe anxiety aggravating essential hypertension

adjunctive  
**Librium® 10 mg**  
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1 or 2 capsules t.i.d./q.i.d.



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## MD Wives Move to Assert Separate Identity

*Continued from page 1*  
evidence of instability around them all the time.

"There's a gal who lives down the block," one wife relates. "She's got a lot of potential, a lot of talent, but she doesn't place any value on her own identity. As a result, she's smoking more, losing a lot of weight, and becoming depressed. She hasn't taken up drinking yet, but I would expect her to."

For some of these women, awareness comes too late. At the May meeting of the American College of Obstetricians and Gynecologists during a workshop for wives on female sexuality and interpersonal relationships, a number of wives in their 40s and 50s—the picture of total composure on the outside—broke down in tears when they confessed in the group sessions how totally empty their lives were. One said she was particularly frustrated because she could not discuss her feelings with her husband.

The societal conditioning to stay in very structured roles overcomes many of these women.

"I had the idea," says Shirlene Cutler of Murray, Utah, the wife of a family physician, "that if I married a professional man and got my chin and silver and house in the suburbs and had three children—and got both sexes—that I would be completely happy, because that's what I had been told."

### Had Time on Her Hands

When she achieved all that, after being married for 10 years, she found that she had so much time on her hands that she got bored.

"In rural communities where the doctor has to deliver babies and do so many things," she says, "if you're going to stand waiting for your husband to come home, you're going to be waiting most of your life away, and that's quite a waste of human resources."

At the same time, she became concerned about legal protection for doctors from investment schemes aimed at them, and she decided to enter law school. Explaining her decision, she says:

"I've seen so many cases of women pushing their husbands and pushing their children when they don't have the guts to do it themselves. I think you should set an example. You can't try to perfect other people all the time when you see how tough it is out in the world itself."

The heat of the fire has not forced Mrs. Cutler back to the kitchen, but it has made things uncomfortably warm for her husband at times.

"Many of my husband's friends," she explains, "thought he was absolutely insane. They kept asking, 'Why are you letting her?' It's been difficult for him. One time he got angry in the O.R. because he felt the staff wasn't giving him the right assistance and he was acting grouchy, and everyone ran around the hospital saying, 'Well, you know, it's because of his wife and the Women's Liberation.'

In spite of these difficult adjustments, Mrs. Cutler's move has created a profound, positive change in her marriage.

"People thought we would probably be divorced if I went to law school," she says, "but I think it's made our marriage stronger. I have things to discuss with him, and he has things to discuss with me. He has become very interested in law, too, and has thought about going to law school himself. It's opened up a whole new life for us."

### There Are Holdouts

But for every Shirlene Cutler, there's at least one holdout for the old school, like a neurologist's wife at the A.M.A. convention who said matter-of-factly, "If your husband didn't have such a good reputation, you wouldn't be anything." That's the kind of thinking that prompted Barbara Jarvis, wife of a Phoenix, Ariz., pathologist, believing, as she does, in working for change through the system, to become a politically active consciousness-raiser as president of the Arizona Medical Association Auxiliary.

Her efforts to heighten awareness are no easy task.

"If you talk to the average doctor's wife," she says, "and ask her if she's aware that her husband doesn't need to support her, it's just that he's a nice guy, she doesn't understand that. And she doesn't feel that what she does at home is as important as what he does."

"I've been doing some reporting on health care of doctors' wives, and my question to them has been: Do you think it's an invasion of privacy when your personal physician calls your husband and discusses you—which he would never do if you were anybody else? They feel that's no encroachment at all. They don't have any feeling that they're not just an extension of the husband."

Up in Portland, Ore., doctor's wife Kathryn Biska shares Mrs. Jarvis' concern over the fate of her less liberated fellow Auxiliaries from a feminist point of view.

"I'm really against its being an auxiliary," says Barbara Jarvis, "but bucking that is like knocking your head against a stone wall."

Mrs. Biska reports, "In Multnomah County, the women have to ask before they can move. I think that's sort of idiotic. The implication is that the doctors will decide what activities are suitable for their wives."

Mrs. Biska edits the local Women's

Auxiliary newsletter, which she took over three years ago when it was a mimeographed social rundown on who wore what. Now it has taken a gutsier turn. Her pet project: enlisting aid to resist socialized medicine.

### Wives "Have Mandate"

"I think doctors' wives have a thing they need to be doing that's very aggressive if medicine is not to be leaping into socialism," she says. "Doctors are too busy to be doing this. I think doctors' wives have a mandate to take on a personal identity in terms of promoting health care, especially in the area of preventive medicine."

Both Mrs. Biska and Mrs. Jarvis are critical of the structure of the Women's Auxiliary from a feminist point of view.

"I think many of them have sort of shrouded themselves in the medical image of their husbands," she says, "and, as a result, there is a deterioration, because they are no longer stimulating companions and they are divorced from the work of their husbands."

Mrs. Biska adds, "I think many of them have sort of shrouded themselves in the medical image of their husbands," she says, "and, as a result, there is a deterioration, because they are no longer stimulating companions and they are divorced from the work of their husbands."

Mrs. Biska edits the local Women's

## Increase Forecast In Respiratory Ills In Next 30-40 Years

*Medical Tribune World Service*

PERTH, AUSTRALIA—A big increase in respiratory viruses throughout the world within the next 30 or 40 years was forecast here by Prof. Frank Fenner, director of the Center for Resource and Environmental Studies at the Australian National University, Canberra.

He made the prediction in the David Memorial Lecture to the Australian and New Zealand Association for the Advancement of Science.

An explosive spread of respiratory viruses in people and perhaps animals may be expected as populations grow and domestic animals become more numerous, more mobile, and more crowded, he said.

Most of the new viruses will probably produce trivial disturbances, but there is a possibility of a dramatically severe disease, Professor Fenner warned.

"It appears likely that every living species of organism carries at least one virus, and some can be infected with many more," he said.

### Subject of Diet Study



Dr. Gary Moore (left), of the Southwest Foundation for Research and Education in San Antonio, and Dr. Henry McGill (right), of the University of Texas, examine an infant baboon of the type whose diet will be studied in a major research project at a Joint Study of Heart Disease, Cancer, and Environmental Health. The National Heart and Lung Institute financed the program.

## Australian Plan Would Give MDs Federal Salaries

*Medical Tribune World Service*

SYDNEY, AUSTRALIA—A group of general practitioners here has prepared a plan for Australia's 11,000 doctors in private practice to become wage earners on the Government payroll.

Author of the plan, aimed at ending the current confrontation between the Australian Medical Association and the Government, is Dr. T. J. O'Neill, a former branch councilor of the medical association and a leading member of the Royal Australian College of Practitioners.

The formal proposal for a fully-salaried medical service has been submitted to the Ministries for Social Security and Health.

"A lot of my patients think I am a

dyed-in-the-wool conservative because I've been a branch councilor of the Australian Medical Association," Dr. O'Neill said. "I told them I would only be too pleased for the Government to give me a car, pay me a good salary, and let me get on with practicing good medicine."

The general practitioners' scheme is even more radical than the Government's plan, which is to allow continued private practice by doctors, with patients' bills handled by a single Government fund. The Government would pay the doctors directly through a bulk billing arrangement.

Dr. O'Neill would like to see all physicians on salary to the Government and graded according to experience and skills. The stage has been reached, he said, where the welfare of the patient will suffer if the conflict between the Social Security Minister and the medical profession on the fees issue continues.

## Role of Altered Bacteria In Urinary Infections Supported by New Study

*Medical Tribune World Service*

JERUSALEM—Support of the theory of a link between altered bacteria and chronic urinary tract infections was given here by a Tulane Medical Center investigator.

In a five-year study of 2,000 patients with chronic urinary tract infections, Gerald J. Domingue, Ph.D., found that approximately 20 per cent had cell wall-defective bacteria, known as L-forms, in their urine. He suggested that these may be responsible for relapsing urinary tract infections.

Dr. Domingue, who is Associate Professor of Microbiology and Immunology and of Surgery, presented his findings at the first International Congress of Bacteriology. Other members of the Tulane research team were Drs. Jorgen U. Schlegel, Keith Lloyd, Bruce Turner, Andres Daniel, and Alfred J. Colfrey, Jr., and Mary Green.

In patients with urinary tract infections treated with antibiotics, Dr. Domingue said, some organisms are not destroyed, and survive in the kidney or urinary tract as altered bacteria.

Unless specific measures are taken to eliminate them, the entire infectious process could become uncontrollable, possibly fatal, he said.

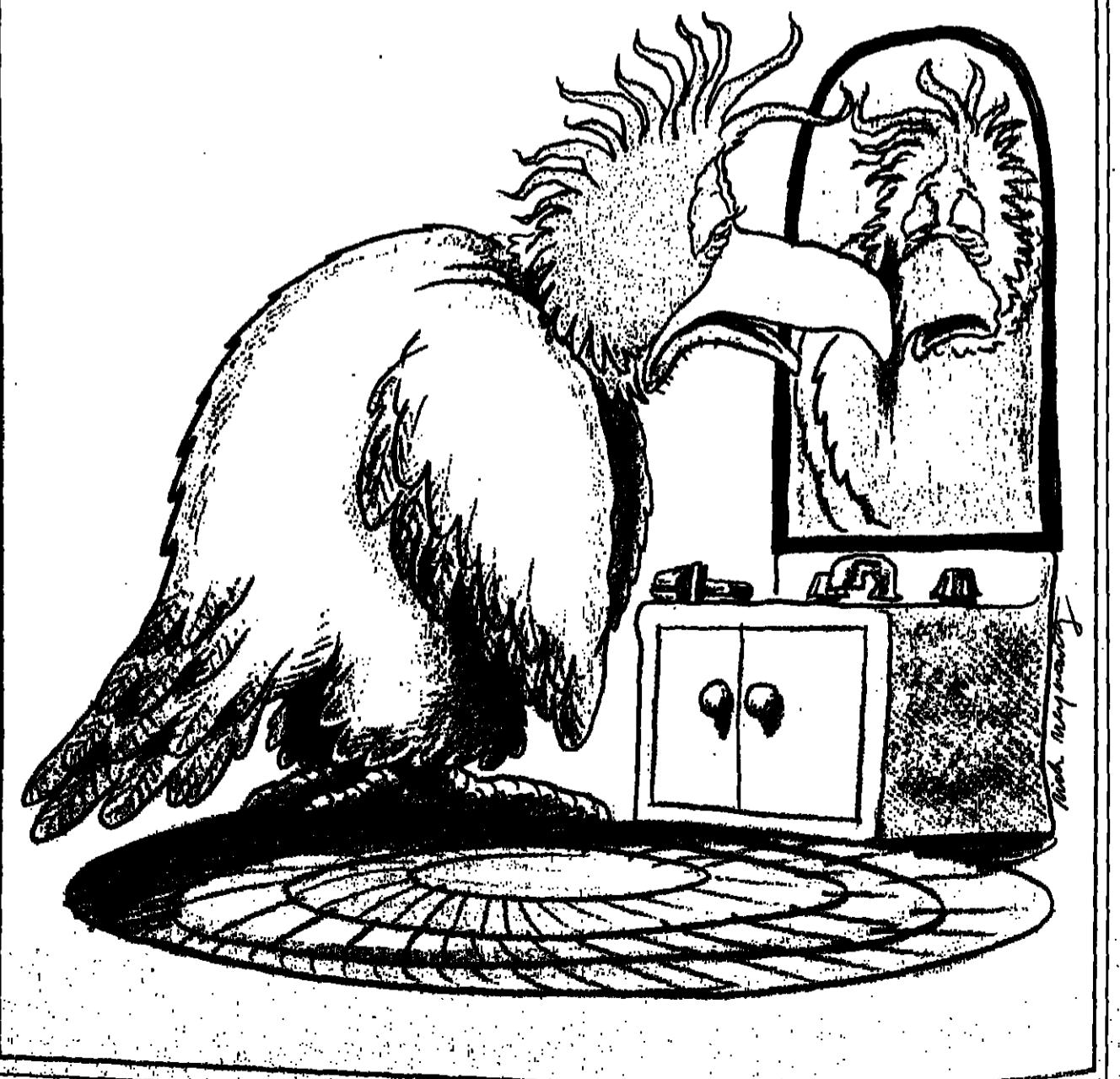
Using germfree rats bred in the Tulane medical school vivarium, Dr. Domingue injected one group of animals with L-forms developed in his laboratory and others with the parent bacteria known to cause disease.

One group injected with the L-forms was treated with penicillin, and experiments at varying time intervals showed intact L-forms in the liver, spleen, brain, kidneys, blood, urine, and stool of these animals.

The investigation demonstrated, Dr. Domingue said, that L-forms can survive for long periods without causing clinical disease in animals, and also that they can ultimately cause disease when they revert to ordinary bacteria.

## THE HEAVY-LIDDED HACKER

from the Ornacologist's Guide to Cough/Cold Patients



# R.S.V.P.



She just doesn't respond to things. No interest. No energy. Discouraged.

It may be mild depression. She needs help...and she needs it now. Counsel and reassurance may suffice. But if you decide supportive

medication is indicated, Ritalin can offer prompt benefit.

Ritalin usually begins to act with the very first dose...boosts spirits and brightens mood...helps the patient get moving again. And

Ritalin is generally well tolerated, even by older and convalescent patients. However, Ritalin should not be used for severe depression.

When Ritalin works, one prescription may be enough...to help provide an answer to mild depression.

## Ritalin® (methylphenidate)

helps the patient respond in mild depression\*

\*This drug has been evaluated as possibly effective for this indication. See brief prescribing information.

Ritalin® hydrochloride  
(methylphenidate hydrochloride)  
TABLETS

**INDICATION**  
Based on a review of this drug by the National Academy of Sciences-National Research Council and/or other information, FDA has classified the medication as follows: "Possibly" effective: Mild depression. Final classification of the less-than-effective indications requires further investigation.

**CONTRAINDICATIONS**  
Marked anxiety, tension, and agitation, since Ritalin may aggravate these symptoms. Also contraindicated in patients known to be hypersensitive to the drug and in patients with glaucoma.

**WARNINGS**  
Ritalin should not be used in children under six years, since safety and efficacy in this age group have not been established. Sufficient data on safety and efficacy of long-term use of Ritalin in children with minimal brain dysfunction are not yet available. Although a causal relationship has not been established, suppression of growth (i.e., weight gain and/or height) has been reported with long-term use of stimulants in children. Therefore, children requiring long-term therapy should be carefully monitored.

Ritalin should not be used for severe depression of either exogenous or endogenous origin or for the prevention of epileptic seizures. Ritalin may lower the convulsive threshold in patients with or without prior seizures, even in absence of seizures. Safe concomitant use of anticonvulsants and Ritalin has not been established. If seizures occur, Ritalin should be discontinued. Use cautiously in patients with hypertension. Blood pressure should be monitored at appropriate intervals in all patients taking Ritalin, especially those with hypertension.

**DRUG INTERACTIONS**  
Ritalin may decrease the hypotensive effect of guanethidine. Use cautiously with pressor agents and MAO inhibitors. Ritalin may inhibit the metabolism of coumarin anticoagulants, anticonvulsants (phenobarbital, diphenylhydantoin, primidone), phenylbutazone, and cyclic antidepressants (imipramine, desmethylimipramine). Downward dosage adjustments of these drugs may be required when given concomitantly with Ritalin.

**Usage in Pregnancy**  
Adequate animal reproduction studies to establish safe use of Ritalin during pregnancy have not been conducted. Therefore, until more information is available, Ritalin should not be prescribed for women of childbearing age unless in the opinion of the physician, the potential benefits outweigh the possible risks.

**Drug Dependence**  
Ritalin should be given cautiously to emotionally unstable patients, such as those with a history of drug dependence or addiction, because such patients may increase usage on their own initiative. Chronically abusive use can lead to marked tolerance and psychic dependence with varying degrees of abnormal behavior. Frank psychotic episodes can occur, especially with parenteral abuse. Careful supervision is required during drug withdrawal, since severe depression, no worse than that of chronic neuroticism, can be unmasked. Long-term follow-up may be required because of the patient's basic personality disturbances.

**PRECAUTIONS**  
Patients with an element of agitation may react adversely; discontinue therapy if necessary. Paroxysms, CDC, differential, and pustular counts are advised during prolonged therapy.

**ADVERSE REACTIONS**  
Nervousness and tension are the most common adverse reactions but are usually controlled by reducing dosage and omitting the drug in the afternoon or evening. Other reactions include: hypersensitivity (including skin rash, urticaria, fever, arthralgia, exfoliative dermatitis, erythema multiforme with histopathological findings of necrotizing vasculitis, and thrombocytopenic purpura); anorexia; nausea, dizziness; tachycardia; headache; dyskinesia; drowsiness; blood pressure and pulse changes, both up and down; tachycardia; bradycardia; arrhythmia; abdominal pain; weight loss during prolonged therapy. Toxic psychosis has been reported. Although a definite causal relationship has not been established, the following have been reported in patients taking this drug: leukopenia and/or anemia; loss of appetite; scalp hair loss. In children, loss of appetite, abdominal pain, weight loss during prolonged therapy, tachycardia, and tachycardia may occur more frequently; however, any of the other adverse reactions listed above may also occur.

**DOSE AND ADMINISTRATION**

Administer orally in divided doses 2 or 3 times daily, preferably 30 to 45 minutes before meals. Dosage will depend upon indication and individual response. Average dosage is 20 to 30 mg daily. Some patients may require 40 to 60 mg daily. In others, 10 to 15 mg daily will be adequate. The few patients who are unable to sleep if medication is taken late in the day should take the last dose before 6 p.m.

**HOW SUPPLIED**  
Tablets, 20 mg (peach, scored); bottles of 100 and 1000.  
Tablets, 10 mg (pale green, scored); bottles of 100, 500, 1000 and Accu-pak blister units of 100.  
Tablets, 5 mg (pale yellow); bottles of 100, 500 and 1000.  
Consult complete product literature before prescribing.

CIBA Pharmaceutical Company  
Division of CIBA-GEIGY Corporation  
Summit, New Jersey 07901

C I B A

Wednesday, October 3, 1973

MEDICAL TRIBUNE

## Medicine's Role in the Movement

### Surrealism Sought 'Diamonds in the Flesh'

IF THE WORLD of medicine often seems surrealistic—from the giant walk-in kidney of a medical convention exhibit to a motorized prosthesis—Surrealism, in turn, has drawn vastly on medicine for inspiration.

Anatomic forms are common in the paintings of the most celebrated Surrealist of all, Salvador Dali. His major works, as exemplified in "The Forgers" and "Men Who Eat One Another" from the well-known *Purgatory* series—now available to entrants in the MEDICAL TRIBUNE Sweepstakes (see page 3)—seem to have been executed by a medical illustrator run amok, strewing his canvases with bones, skulls, and pieces of flesh.

#### Potential Way of Life

To link contortions of the human form to science and medicine seems sheer *Hypocrisie*, until one understands the *raison d'être*, which is to reveal the mysterious relationships behind the marvels of life by laying bare the flesh with a brush as scalpel. This desire to uncover "diamonds in the flesh" was only part of the overall Surrealist design, however. As understood—and lived—by early disciples, the movement was intended to initiate a new humanism in which talent per se did not exist, in which every man was an artist, serving as medium for a broad new consciousness that would change the world.

Although Dali's name is synonymous with the Surrealist concept today, he was not on hand for the movement's painful birth. Squeezed into time (1924-39) and space (Paris), the infant movement was shaken by quarrels and weakened by posturing from its inception, when it appeared as the culmination of avant-garde artistic trends that had permeated the air since 1885. André Breton, Louis Aragon, Paul Éluard, and Benjamin Péret—young petit-bourgeois intellectuals who condemned as futile every activity expected of them by their background—founded Surrealism "on the belief in the higher reality of certain forms of association neglected until now, on the all-power of dream, on the undirected free play of thought."

In the *Manifesto of Surrealism* (1924), Breton defined Surrealism "as pure psychic automatism by means of which we propose to express . . . the true function of thought." Basically, the true function of thought was conceived of as a kind of "dialectic," free of "any control exercised by reason, outside of all aesthetic or moral considerations."

Three methods were originally em-

#### Roll Over, Webster...

This Surrealist word sampler was gleaned from the pages of *The Abridged Dictionary of Surrealism*, published in 1938 in conjunction with the International Surrealist Exhibition in Paris. Some of the definitions—or de-definitions—were arrived at by game techniques, frequently employed by Surrealists for literary and artistic purposes.

**Aphrodicet telephone.** "Telephonic apparatus will be replaced by lobsters, whose advanced state will be rendered viable by phosphorescent plaque, veritable flytrap truffles."—*Salvador Dali*.

**Breast.** "The breast is the chest elevated to a state of mystery—the chest moralized."—*Naivals*.

**Delay.** "Use 'delay' instead of picture or painting . . . A delay in glass as one in silver."—*Marcel Duchamp*.

**Glove.** "The glove (gant) is worn by pantomime. The glove is the cast of a finger passed through which the index finger passes to tickle new nature."—*Rene Magritte*.

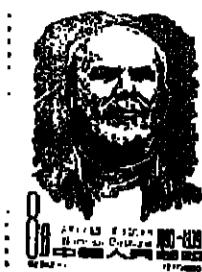
**Phallusintrade.** "It is an alchemical product, composed of the following elements: autostrada, balustrade and a certain amount of phallus. A phallus in a vertical collage."—*Max Ernst*. Source: *Surrealists on Art*, translated 1970.

hetic years of the Surrealist movement were already past and only crisis lay ahead. Breton's *Second Manifesto of Surrealism* (1930), which critically examined both the Communist Party and Surrealist literary artistic activity, contributed strongly to contention over the correct relationship vis-à-vis Surrealism and politics.

Amid the turmoil, many Surrealists saw in Dali's hallucinatory paintings a direct dictation from the unconscious, representing a refreshing return to Surrealism's youth; they hoped it would save the movement from the academism and blockering that threatened to destroy it. Indeed, "for three or four years," according to Breton, "Dali incarnated the Surrealist spirit."

But, by 1934, he was in deep trouble with the movement over a burgeoning obsession with Hitler and Franco—an obsession that was dream-driven and never translated into express admiration. Alienated finally from the entire Surrealist camp, Dali left for America in 1939 to pursue an independent, sensational career. Breton soon followed; at the decade's close, purges and defections had all but decimated Surrealism as a movement.

Norman Henry Bethune



Born in Gravenhurst, Ont., Norman Henry Bethune (1890-1939) received his M.D. from the University of Toronto in 1916. An uncompromising Communist, he was ostracized by members of the Canadian Medical Association. He traveled to China in 1938 to help the Red Army and died a year later from an infection.

The People's Republic of China issued the stamp in 1960 to honor Bethune, whom they regard as a saint of their liberation struggle and a model of revolutionary selflessness.

Text: Dr. Joseph Kier

Stamp: Minkus Publications, Inc., New York



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Remove the cerumen barrier—even excess or impacted cerumen—that may impede a clear view of the auditory canal with highly effective, clinically proven CERUMENEX Drops.

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• A unique, specific cerumenolytic, CERUMENEX Drops enable you to avoid painful instrumentation. Usually effective with a single 15 to 30 minute treatment, CERUMENEX Drops have given excellent results in over 90% of about 2,700 adult and pediatric patients.\*

Indications: Removal of excess or impacted cerumen prior to ear examination, otologic therapy, or audiometry. Contraindications: Previous unfavorable reaction to the drops; positive patch test.

Precautions: Patch test in patients with suspected or known allergy. Use with caution in otitis externa, otitis media, presence of perforated drum, known dermatologic sensitivity or other allergic manifestations. Avoid undue exposure of large skin areas to the drug. Adverse Reactions: Reported incidence in clinical studies\* is about 1%, ranging from mild erythema to severe eczematoid reaction of external ear and periorificial areas; all reported uneventful resolution and no sequelae. \*Bibliography and detailed information available upon request.

## Cerumenex Drops

(triethanolamine polypeptide oleate-condensate 10.0% in propylene glycol with chlorbutanol 0.5%)

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# The root of antihypertensive therapy



Serpasil...where antihypertensive therapy often begins

Most investigators believe that elevated blood pressure should be controlled to help prevent future complications. But selection of treatment must be based upon the overall condition of the patient—young and old alike. Once you decide on antihypertensive treatment, Serpasil may be a logical choice.

Serpasil...a quality reserpine, assured by quality control

Serpasil, the original reserpine, is established as a quality reserpine. Exact quality control procedures, including 99 tests performed during the manufacturing process, help guarantee its purity, uniformity, and potency.

Serpasil lowers blood pressure and slows rapid heart rate

Serpasil acts both on the autonomic and central nervous systems, lowering arterial blood pressure and slowing rapid heart rate.

Serpasil reduces the "tension" in hypertension

Serpasil eases the "tension" that plays an important part in many cases of hypertension. Warning: Mental depression, occasionally severe, can occur with use of Serpasil. Discontinue drug at the first sign of depression.

Serpasil...the antihypertensive to build on

If you decide to use Serpasil in combination with other antihypertensive agents, lower dosage of these drugs is permitted, minimizing the incidence and severity of their side effects... an important consideration, particularly in treating the older patient.

**Serpasil<sup>1</sup>**  
(reserpine)  
early effective control of hypertension can save lives

C I B A

**Serpasil<sup>1</sup> (reserpine)**  
Tablets / Elixir  
**INDICATIONS**  
Mild essential hypertension; adjunctive therapy with other antihypertensive agents in the more severe forms of hypertension.  
**CONTRAINDICATIONS**  
Known hypersensitivity; mental depression (especially suicidal tendency); active peptic ulcer; depressive crisis; electroconvulsive therapy.

**WARNINGS**  
Use with extreme caution in patients with a history of mental depression. Discontinue at first sign of depression, early morning incontinence, loss of libido, impotence, or self-abortation. Drug-induced depression may persist for several months after drug withdrawal and may be severe enough to result in suicide. MAO inhibitors should be avoided or used with extreme caution.

**Use in Pregnancy**  
The safety of reserpine for use during pregnancy or lactation has not been established; therefore, the drug should be used in pregnant patients or in women of childbearing age only when, in the judgment of the physician, it is essential to the welfare of the patient. Increased respiratory tract secretions, nasal congestion, coryza, and anorexia may occur in neonates and breast-fed infants of reserpine-treated mothers since reserpine crosses the placental barrier and appears in maternal breast milk.

**PRECAUTIONS**

Use cautiously in patients with history of peptic ulcer, ulcerative colitis, or gallstones (biliary colic may be precipitated).

Exacerbation of hypertension in patients with renal insufficiency. Use cautiously with digitalis and quinidine.

Intracranial hypertension has occurred in hypertension patients receiving reserpine preparations, but withdrawal of reserpine does not assure that circulatory instability will not occur in such patients.

**ADVERSE REACTIONS**

Gastrointestinal—hypersecretion; nausea; vomiting; anorexia; diarrhea.

Cardiovascular—angina-like symptoms; arrhythmias (particularly when used concomitantly with digitalis or quinidine); bradycardia.

Central Nervous System—drowsiness; depression; narcolepsy; extracranial anxiety; nightmares; rare parkinsonian syndrome and other extraparkinsonian tract syndrome; depression (particularly manifested by dull somnolence, drowsiness, stupor, apathy, and optic atrophy).

Miscellaneous—frequently faint; constipation; pruritus; rash; dryness of mouth; oliguria; fever; hypotension; hypotension; orthostatic hypotension and other cardiovascular reactions; tinnitus or decreased libido; rhythmic muscular atrophy; synkinetic infections; weight gain; breast engorgement; paroxysmal hypertension; gynecomastia; rarely with convulsions with edema in hypertension patients.

**DOSEAGE**

For hypertension: In the average patient not receiving other antihypertensive agents, the usual initial dose is 0.5 mg. daily or 1.0 mg. daily. Maintenance, reduced to 0.1 mg. to 0.25 mg. daily. Higher doses should be used cautiously, because serious mental depression and other side effects may be increased considerably.

Concomitant use of Serpasil with ganglionic blockers, guanethidine, veratrum, hydralazine, methyldopa, chlorpromazine, or thiazides necessitates careful titration of dosage with each agent.

**HOW SUPPLIED**

Tablets, 1 mg (white, scored); bottles of 100, 750, 0.25 mg (white, scored); bottles of 100, 500, 1000, and 5000.

Tablets, 0.1 mg (white); bottles of 100, 500 and 1000.

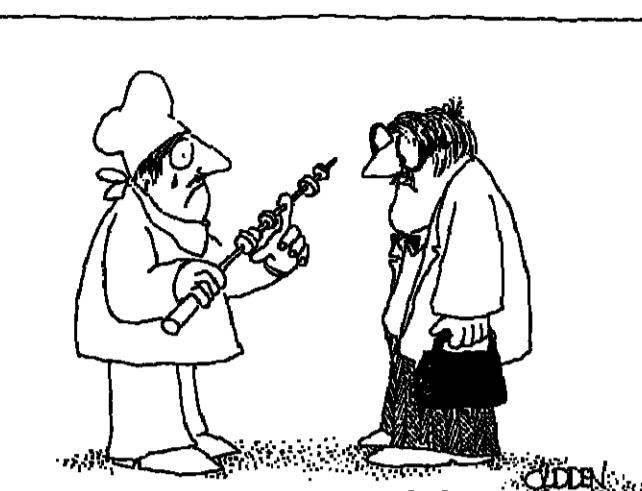
Elixir (green, lemon-lime flavored), 0.2 mg per 4-ml teaspoon; bottles of 1 pint. Consult complete literature before prescribing.

CIBA Pharmaceutical Company  
Division of CIBA-GEIGY Corporation  
Summit, New Jersey 07901

Wednesday, October 3, 1973

MEDICAL TRIBUNE

## Clinical Trials



by Oldden

## Distress Phone Calls — for MDs or Laymen?

Medical Tribune World Service

GENEVA, SWITZERLAND—The suggestion that a physician, preferably a psychiatrist, should have the chief role in handling telephone distress calls stirred debate here at an international conference of the Federation of Services of Emergency Telephonic Help.

The view was advanced by Dr. Adam Bulewicz, of the Warsaw University Psychiatric Clinic, who pointed out that the most frequent problems prompting distress calls relate to conflict situations and neurotic reactions.

He noted that the emergency services in Eastern Europe are usually staffed by members of the medical profession, whereas lay volunteers answer calls in Western Europe.

On the other side of the argument, the founder of the first telephonic help service, Chad Varah, rector of St. Stephen's Church, London, said that people dialing

a number for emergency help are not primarily interested in medical assistance but rather want a human contact.

The keynote speaker at the conference, a psychiatrist himself, Dr. Pierre Bally-Salin, of the Paris Health and Social Services, said he fears possible undue "psychiatrization" of emergency telephonic help.

**Psychiatrist Could Be Trainer**  
He advocated that the psychiatrist par-

ticipate in the selection and education of the lay listeners as a "trainer" in regular group therapy session.

In an interview with MEDICAL TRIBUNE, Dr. Bally-Salin said that "the main goal of emergency telephonic help should not be to attract new patients to psychiatric clinics but rather to offer a humane service to listeners and callers whose lives and work have lost their human quality in modern society."

**HERE** Pleural effusion



Wherever it hurts,  
Empirin Compound with  
Codeine usually provides  
the relief needed.

**HERE** Biliary calculi



In general, only pain so severe  
that it requires morphine is  
beyond the scope of  
Empirin Compound with Codeine

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Prescribing convenience:  
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Codeine No. 3, codeine  
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No. 4, codeine phosphate\*  
64.8 mg. (gr. 1). Warning—  
may be habit-forming. Each  
tablet also contains: aspirin  
gr. 325, phenacetin gr. 2 1/2,  
caffeine gr. 1/2.

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Paris 2, France  
North Carolina 27709

If there's good reason  
to prescribe  
for psychic tension...



**Prompt action  
is a good reason  
to consider Valium®  
(diazepam)**

When, for example, despite

When your patient's somatic complaints are associated with tension and anxiety and you have tried counseling and other supportive measures alone, you may decide to prescribe psychotherapeutic medication. If you do, the question remains: Which one?

Valium (diazepam) is one to consider closely. One that works promptly as an adjunct to continued supportive measures. One that generally produces significant improvement within

counseling, tension and anxiety continue to produce distressing somatic symptoms

the first few days of therapy, although some patients may require more time for a clear-cut response.

Prompt action. One good reason to consider Valium (diazepam).

And should you choose to prescribe Valium, you should also keep this information in mind: Valium is usually well tolerated; the most common side effects reported have been drowsiness, fatigue and ataxia.

As with all CNS-acting agents, patients should be cautioned against operating dangerous machinery or driving. Normally, therapy with Valium (diazepam) should be continued until the patient's psychic tension symptoms have been reduced to tolerable levels.

Please turn page  
for a summary of product  
information.

**Valium®**  
ROCHE  
(diazepam)  
2-mg, 5-mg, 10-mg tablets

# Other good reasons to consider Valium® (diazepam)

## Effectiveness

The efficacy of Valium (diazepam) has been proven in clinical studies and in extensive clinical use. It can relieve psychic tension and its somatic symptoms in patients who overreact to stress and in psychoneurotic patients.

Before prescribing, please consult complete product information, a summary of which follows:

**Indications:** Tension and anxiety states, somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

**Contraindicated:** Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or

## Dependable response

The psychotherapeutic effect of Valium (diazepam), characterized by symptomatic relief of tension and anxiety, is generally reliable and predictable.

## Titratable dosage

With Valium (diazepam), adjustments in dosage can alter the clinical response. This titratability enables you to tailor your therapy for maximum efficiency. There are three convenient tablet strengths to choose from: 2mg, 5mg and 10mg.

severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation or women of childbearing age, weigh potential benefit against possible hazard.

**Precautions:** If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

**Side Effects:** Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in

salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

**Dosage:** Individualize for maximum beneficial effect. **Adults:** Tension, anxiety and psychoneurotic states, 2 to 10 mg b.i.d. to q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; adjunctively in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d.; adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. **Geriatric or debilitated patients:** 2 to 2½ mg, 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) **Children:** 1 to 2½ mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months).

**Supplied:** Valium® (diazepam) Tablets, 2 mg, 5 mg and 10 mg; bottles of 100 and 500. All strengths also available in Tel-E-Dose® packages of 1000.

ROCHE

Hoffmann-La Roche Inc.  
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Nutley, N.J. 07110

## Customer Is Always Right—Even in Stocks

By ELIOT JANEWAY  
Publisher of JaneWay Service

"THE CUSTOMER IS ALWAYS RIGHT," said R. H. Macy, one of the greatest merchants in the history of goods pushing. This memorable dictum holds the key to the riddle of today's stock market.

Merchandising stocks, however, is a different kind of business from pushing in

ventory off the retail floor past the cash register. The customers buy the merchandise they can see and feel in the store. But the securities they wind up with are sold to them.

In line with this difference, department stores are organized to facilitate customer selection, while brokerage firms jumble the offerings. In department stores, the furniture is in one department, the clothing in another—so that dining room chairs never get confused with mink stoles, much less with boys' belts.

Brokerage firms have been casual in mixing the merchandise. They have pushed mink and junk interchangeably.

Until the going got rough on Wall Street, the easy sell was enough. Anything goes was the rule. As long as more stocks were going up than down, the customers were complacent about being stuck with occasional losers. Winning with dogs conditioned them to look for baby IBMs in every issue. For a while, the impression spread that chasing stocks was a passport to instant wealth.

For a while, too, the shoe salesmen and the doctors' wives in the market were bragging about doing as well as the hottest "go-go" fund managers. All too few brokerage firm managements held out against the speculative craze. But the amateurs and professionals alike who were running wild playing blindman's bluff on Wall Street soon discovered that it is a two-way street.

Before today's two-tier market of growth and cyclical stocks became the vogue, a two-class market of insiders and outsiders was taken for granted. Exactly as in the department store business, the insiders were assumed to have standing invitations to the previews. The outsiders were to find themselves owning the merchandise advertised at the clearances. Rubbing salt in the wound, the insiders won an edge in commission costs.

**Continued Chasing Stocks**  
The stock market, though hurt, was able to hold its own while the outsiders felt bad but the insiders still looked good. While they still did, the money they were making encouraged them to continue chasing stocks. The longer they did, the more they were encouraged by the hope that their success stories would bring the lost sheep from Main Street back into the chase.

Stocks are not likely to regain their lost competitiveness until the Government regains its lost respectability. Interest rates will drop only when it does, not until.

But in terms of market factors, the volume of daily trading is the key to the price trend. Higher prices will not come back until higher volume brings them back. But people make markets. Put in terms of people, the key to higher trading volume is more people investing. The retail money-using public will not go shopping for stocks again until it is ready to buy declarations of the Government at face value. Until it is, market rallies will merely measure false starts by professional handpoppers kidding themselves.

The soft spots in the American economy are easier to detect at the outset of the new business year, beginning this Labor Day, than in many a year. Three conspicuous ones are here—and here to stay for a while. The way to recite the "ABC" of the 1973-74 recession story is

upon what Justice Holmes called "the marketplace of ideas."

"I cannot see the United States expanding commercial markets with the Soviet Union if the price is to be paid in the martyrdom of men of genius like Solzhenitsyn and Andrei Sakharov."

This statement proves that, far from being out, he will be around—although not in time to give the Administration the quick on-the-spot action on the trade bill it had promised to foreign creditors. This means no quick action on the tax reform deal.

## New Zealand Study Clears Aspirin of Kidney Damage

Medical Tribune World Service

AUCKLAND, NEW ZEALAND—Aspirin does not cause kidney damage, according to a two-year study by New Zealand doctors.

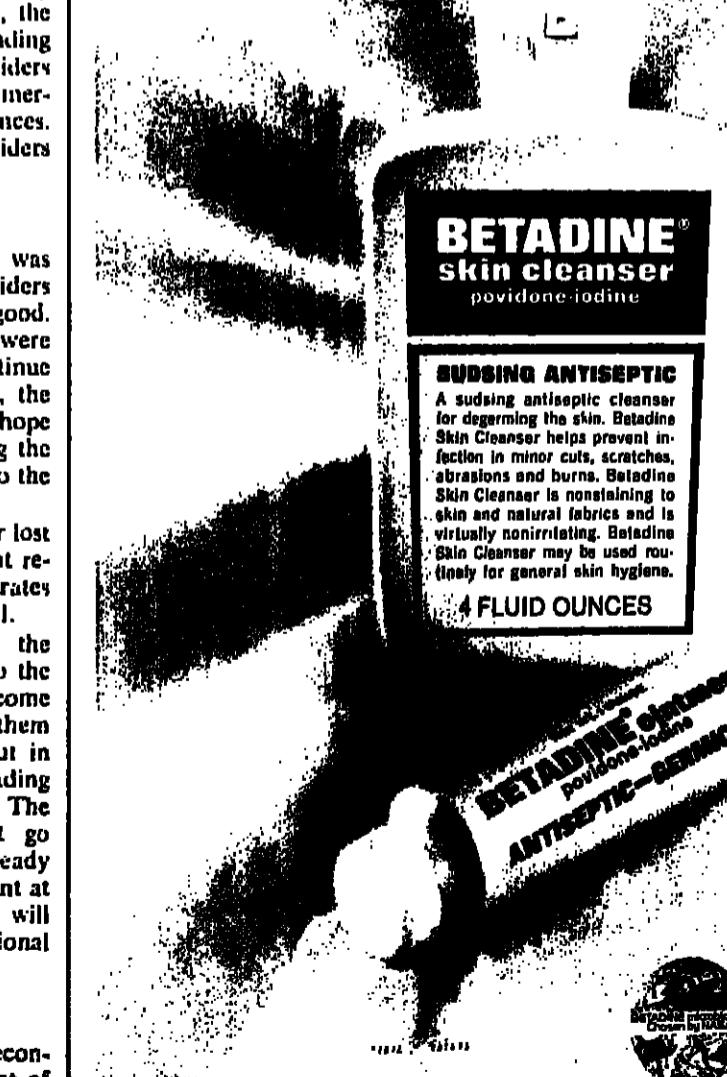
The results were announced by Dr. Richard A. D. Wigley, of the Palmerston North Medical Research Laboratory.

Financed by the New Zealand Rheumatism Foundation, the research covered 900 patients who had been taking aspirin for a long period for relief of rheumatism.

In three patients, aspirin-phenacetin compounds appeared to be responsible for kidney disease, Dr. Wigley said, but none of the patients taking aspirin alone recorded any ill effects to the kidneys.

## Broad-spectrum microbicidal power

# BETADINE SKIN CLEANSER BETADINE OINTMENT



BETADINE microbicides kill gram-positive and gram-negative bacteria, fungi, viruses, protozoa and yeasts... contain NO hexachlorophene. Virtually non-irritating and nonirritating... nonstaining to skin and natural fabrics.

BETADINE SKIN CLEANSER aids in degerming the skin of patients with common pathogens, including *Staph. aureus*... helps prevent recurrence of acute inflammatory skin infections... helps prevent spread of infection in acne pimples... can be used in pyoderma, as a topical adjunct to systemic antimicrobial therapy.

BETADINE OINTMENT acts against organisms commonly encountered in skin and wound infections... indicated in infected stasis ulcers and to prevent infection in minor burns, lacerations and abrasions. Not greasy or sticky... the treated area can be bandaged.

BETADINE SKIN CLEANSER: Available in 4 oz. plastic bottles. In the rare instance of local irritation or sensitivity, discontinue use in the individual.

BETADINE OINTMENT: Available in 1/32 oz. and 1/8 oz. packettes, 1 oz. tubes, and 16 oz. (1 lb.) jars.

PURDUE FREDERICK  
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# Keeping the mild hypertensive in his place

Esidrix (hydrochlorothiazide) alone frequently lowers blood pressure satisfactorily. Its action is gradual, smooth. And it keeps on exerting its antihypertensive effect.

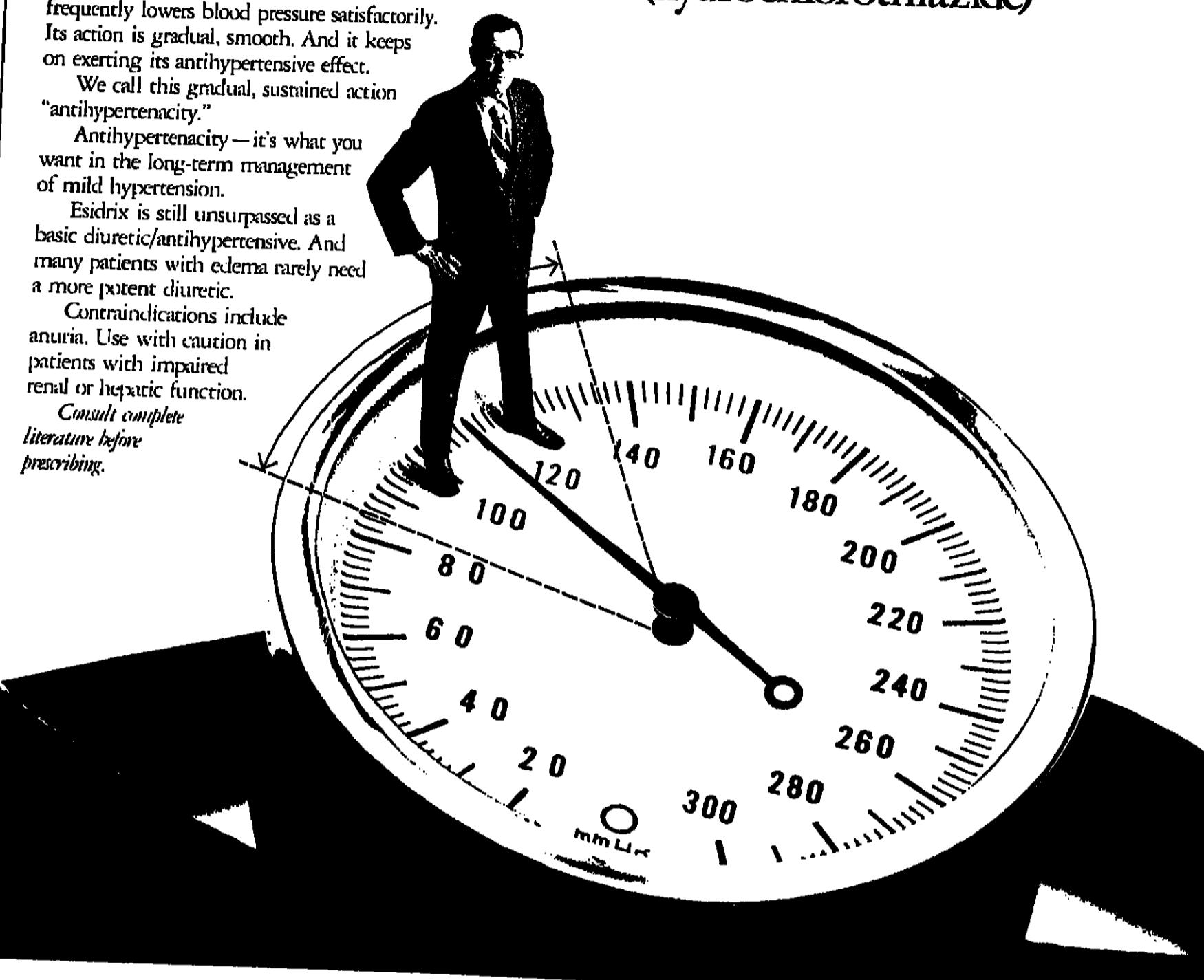
We call this gradual, sustained action "antihypertenacity."

Antihypertenacity—it's what you want in the long-term management of mild hypertension.

Esidrix is still unsurpassed as a basic diuretic/antihypertensive. And many patients with edema rarely need a more potent diuretic.

Contraindications include anuria. Use with caution in patients with impaired renal or hepatic function.

Consult complete literature before prescribing.



## Esidrix® (hydrochlorothiazide)

Indications: Hypertension and edema.

Contraindications: Anuria; hypersensitivity to this or any thiazide-derived drugs. The routine use of diuretics in otherwise healthy pregnant women with or without edema is contraindicated and possibly hazardous.

Warnings: Use with caution in severe renal disease. In patients with renal disease, thiazides may produce edema. Cumulative effects of the drug may develop in patients with impaired renal function.

Thiazides should be used with caution in patients with impaired hepatic function or progressive liver disease, since minor alterations of fluid and electrolyte balance may precipitate hepatic coma.

Thiazides may be additive or potentiative of the action of other antihypertensive drugs. Potentiating blockage.

Sensitivity reactions are more likely to occur in patients with a history of allergy or bronchial asthma.

The possibility of exacerbation or activation of systemic lupus erythematosus has been reported.

Usage in Pregnancy: Usage of thiazides in women of childbearing age requires that the potential benefits of the drug be weighed against its possible hazards to the fetus. These hazards include fetal or neonatal

jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult.

### Nursing Mothers

Thiazides cross the placental barrier and appear in breast milk and breast milk.

Precautions: Periodic determination of serum electrolytes to detect possible electrolyte imbalance. Observe patients for clinical evidence of cholestasis, jaundice, and hypokalemia. Serum and urine electrolyte determinations are particularly important when the patient is vomiting excessively or receiving parenteral fluids. Medication such as diuretics may also influence serum uric acid. Warning signs are dryness of mouth, thirst, weakness, drowsiness, restlessness, muscle cramps or spasms, muscular fatigue, hypertension, oliguria, tachycardia, hypotension, hypoglycemia, and hypotension. These adverse reactions are more likely to occur in patients with impaired renal function.

Thiazides may cause hypokalemia, hypochloremia, and hypomagnesemia, especially during diuretic, when severe cirrhosis is present, or during concomitant administration of steroids or ACTH.

Interference with adequate oral intake of electrolytes will also contribute to hypokalemia.

Diuretic therapy may exaggerate metabolic effects of thiazides, especially with reference to myocardial activity.

Any chloride deficit is generally mild and usually does not require specific treatment except under extraordinary circumstances (as in liver disease or renal disease). Dilutional hyponatremia may occur in edematous patients in hot weather, appropriate therapy is water restriction rather than administration of salt, except in rare instances when the hyponatremia is life-threatening. In actual salt depletion, appropriate

# that's "Antihypertenacity" Esidrix has it (hydrochlorothiazide)

## Prompt Surgery Suggested For Tears in Thumb Ligament

Medical Tribune Report

CHARLOTTESVILLE, VA.—Injury to the ulnar collateral ligament of the metacarpophalangeal joint of the thumb, a frequent occurrence in competitive sports, is sometimes overlooked or minimized, with resultant residual thumb-index pinch weakness and instability, investigators from the University of Virginia Medical Center have warned.

"Over all," the investigators reported, "the best results were obtained in the acute cases who had primary ligamentous repair. Satisfactory or good functional results were accomplished with surgical reconstruction for chronic injuries."

All the athletes who participated in team sports subsequently returned to play at the same position without any noticeable change in their functional ability.

Temporary splinting and taping, the investigators observed, may be used to allow continued athletic participation, if this is feasible in the particular athlete, without seriously jeopardizing the final surgical results.

The authors were Drs. Frank C. McCue III, Michael W. Hakala, James R. Andrews, and Joseph H. Gieck.

Dr. McCue

They reported on 41 surgical repairs and reconstructions

in athletes for ulnar collateral ligament injuries to the thumb from 1961 to 1972.

Twenty-five of the cases were classified as chronic, with a mean interval of 67 days from injury to surgery. Fourteen of the patients in these cases were treated conservatively with four weeks of cast immobilization followed by splinting. This method failed in all 14, and the patients required a subsequent reconstructive procedure because of functional disability.

Sixteen of the 41 patients were in the acute group, with a mean interval of 10 days from the injury to surgery. The surgical result was excellent to good in all 16, the physicians reported.

In 24 of the 25 chronic cases, it was also either good or excellent, but patients in this group averaged 7° more laxity on abduction stress testing when compared with the acute group. Ten of the chronic cases lost 5° or less of extension of the metacarpophalangeal joint compared with the normal side. Four of the 10 patients also lost 5° or less of flexion compared with the uninjured side.

While the patients in the chronic group

exhibited slight reduction in strength of pinch and grip, this did not alter their ability to return to athletic competition. The one poor result in the chronic group was in a 55-year-old skier who had surgery performed 13 weeks after his initial injury and in whom there were degenerative changes in the joint at the time of surgery.

These sequelae may occur after an adequate course of conservative treatment, causing the patient to request surgery to alleviate the disability, they said. In most sports, they pointed out, thumb-index pinch is a vital function.

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